



Massachusetts Bay Transportation Authority

DRUG AND ALCOHOL POLICY



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Overview

The Massachusetts Bay Transportation Authority's (MBTA) mission is to deliver excellent customer service to travelers in the Commonwealth, and to provide our nation's safest and most reliable transportation system in a way that strengthens our economy and quality of life. We are committed to safety and customer service.

In accordance with the provisions of the United States Drug-Free Workplace Act of 1988, the MBTA is required to provide a safe and drug-free workplace for all of its employees. Additionally, the Omnibus Transportation Employee Testing Act of 1991 mandates the issuance of federal regulations to combat prohibited drug use and alcohol misuse in the transportation industry.

This policy employs four principles as a means to achieve our goal of providing a service and workplace free from the effects of drug use and alcohol misuse. The first principle emphasizes **deterrence** from drug use and alcohol misuse. The MBTA will make training and education available to all employees concerning the effects of substance abuse on individuals and in the workplace. Supervisors and managers will receive specialized training in detection, early intervention and enforcement. The second principle is **treatment and rehabilitation**. The Employee Assistance Program (EAP) is available to MBTA employees to assist them with issues/problems surrounding drug use and alcohol misuse. This includes treatment for the use and misuse of drugs and alcohol. The MBTA encourages and supports rehabilitation before an employee's job is in jeopardy. The third principle is **detection**, which is accomplished by utilizing Pre-employment, Random, Reasonable Suspicion, *Probable Cause*, Post-Accident, Return to Duty, *Return to Work*, and Follow-Up drug and alcohol testing. The fourth and final principle is **enforcement**, which is essential if deterrence, treatment and rehabilitation and detection are to be successful. Violating the provisions contained in this policy shall be grounds for discipline up to and including termination.

Our agency provides a vital service to our patrons so they can travel on our buses and trains to reach their destinations safely. A strong controlled substances and alcohol testing program is one way in which we can ensure that the mission of the MBTA is achieved.

Message to Employees

As employees of the MBTA, we have been given a tremendous amount of responsibility. Each time we perform a safety related activity, we become the caretaker of not only our own lives, but also the lives of both the citizens we serve and those of our colleagues. Because of this important responsibility, the US Department of Transportation (DOT)¹ has enacted regulations to aid in the prevention of drug use and alcohol misuse by those in safety-sensitive positions. In 1994, the DOT implemented regulations that combine education and testing to form a comprehensive anti-drug and alcohol misuse program. Specifically, these regulations require safety-sensitive employees to complete drug and alcohol awareness training and to participate in a drug and alcohol testing program.

The MBTA encourages all employees to understand the responsibility and trust placed upon them while they perform their job duties. Consistent with our philosophy that our employees are our most valuable resource, we will offer assistance to any employee who misuses alcohol and uses prohibited substances. We encourage employees to come forward confidentially to work toward resolving such a problem before it leads to disciplinary actions. The Group Insurance Commission (GIC) and the MBTA's EAP provide many resources, and we encourage employees to use these resources and the programs' recommendations.

Because the MBTA possesses a firm commitment to the health and safety of all our employees, we have elected to go beyond the requirements of the mandatory DOT regulations. This policy specifically states which procedures are required by DOT regulations and which are performed under the MBTA's own authority. To distinguish between the procedures, *all MBTA's authority procedures in the policy are italicized.*

Drug use and alcohol misuse remain problems that affect all parts of a person's life: job, health, family and friends. We have developed this policy to communicate the expectations that the DOT and the MBTA have for our employees and as a resource to those who need assistance in resolving problems with drug and alcohol use/misuse. This policy has been made available to every MBTA employee as well as representatives of our employee organizations.

This policy has been adopted by the MBTA Board of Directors on June 19, 2013. The effective date of this policy is February 3, 2014.

¹ DOT includes the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), and the Federal Aviation Administration (FAA).

Applicability

The federal provisions contained herein apply to all full-time, part-time, seasonal, temporary or intermittent employees working in safety-sensitive positions as defined in the definitions section. The federal provisions also apply to contractors and consultants who are performing safety-sensitive functions. All contractors and consultants will receive a copy of this policy.

The MBTA, under its own authority, extends the applicability of this policy to all its employees to the extent specified in italics. **This policy revision supersedes all previous drug and alcohol policies of the Massachusetts Bay Transportation Authority (MBTA).**

The MBTA reserves the right to modify, revoke, suspend, or terminate this policy, in whole or in part, at any time, consistent with changing law or as needed.

An employee's classification will dictate whether the employee is subject to regulations issued by the Federal Transit Administration (FTA). The table in Appendix A contains an outline of the relevant regulatory citations discussed in this program.

MBTA Employees

Section I: Abbreviations and Definitions

Abbreviations

ASD	Alcohol Screening Device
ATF	Alcohol Test Form
BAC	Breath Alcohol Concentration
BAT	Breath Alcohol Technician
CCF	Custody and Control Form
CDL	Commercial Driver's License
CFR	Code of Federal Regulations
CMV	Commercial Motor Vehicle
C/TPA	Consortium/Third-Party Administrator
DER	Designated Employer Representative
DFWA	Drug-Free Workplace Act
DHHS	Department of Health and Human Services
DOT	Department of Transportation
EAP	Employee Assistance Program
EBT	Evidential Breath Testing Device
FAA	Federal Aviation Administration
FMCSA	Federal Motor Carrier Safety Administration
FTA	Federal Transit Administration
GIC	Group Insurance Commission
MRO	Medical Review Officer
NHTSA	National Highway Traffic Safety Administration
NTSB	National Transportation Safety Board
ODAPC	Office of Drug and Alcohol Policy and Compliance
OHS	Occupational Health Services
OTC	Over-the-Counter Medication
OUI	Operating Under the Influence
RTWA	Return to Work Agreement
Rx	Prescription Medication
SAP	Substance Abuse Professional
USCG	United States Coast Guard

Definitions of Terms

Accident (FTA)	An occurrence associated with the operation of a vehicle, if as a result: (1) an individual dies; or (2) an individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or (3) with respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-MBTA vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or (4) with respect to an occurrence in which the mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the mass transit vehicle is removed from operation.
Adulterate	A urine specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance; a specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.
Air Blank	In Evidential Breath Testing Devices (EBTs) using gas chromatography technology, a reading of the device's internal standard. In all other EBTs, a reading of ambient air containing no alcohol.
Alcohol	The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol in any beverage, mixture, mouthwash, candy, food, preparation or medication.
Alcohol Confirmation Test	A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, which provides quantitative data about the alcohol concentration.
Alcohol Misuse	Using alcohol in violation of this policy and DOT regulations.
Alcohol Screening Device (ASD)	A breath or saliva device, other than EBT, that is approved by the National Highway Traffic Safety Administration and placed on a conforming products list for such devices.
Alcohol Screening Test	An analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.
Alcohol Testing Site	A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.
Alcohol Use	The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.
Aliquot	A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.
Anti-Drug Program	A program to detect and deter the use of prohibited drugs.
Blind Specimen or Blind Performance Test Specimen	A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from an employee specimen, and is spiked with known quantities of specific drugs or which is blank, containing no drugs.
Breath Alcohol Technician (BAT)	A person who instructs and assists employees in the alcohol testing process and operates an Evidential Breath Testing Device.
Canceled Test	A drug or alcohol test that has an identified problem that cannot be, or has not been corrected, or which 49 CFR Part 40 requires to be canceled. A canceled test is neither a positive nor a negative test.
Chain of Custody	The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).

Collection Container	A container into which the employee urinates to provide the specimen for a drug test.
Collection Site	A place designated by the employer where employees (or applicants) present themselves for the purpose of providing a specimen of their urine to be analyzed for the presence of drugs.
Collector	A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.
Commercial Driver's License (CDL)	<p>A CDL is required to operate any of the following commercial motor vehicles (CMVs):</p> <ul style="list-style-type: none"> • A single vehicle with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; • A trailer with a GVWR of more than 10,000 pounds if the gross combination weight rating is more than 26,000 pounds; • A vehicle designed to transport 16 or more persons (including the operator); or • Any size vehicle which requires hazardous materials placards.
Commercial Motor Vehicle (CMV)	<p>A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:</p> <ul style="list-style-type: none"> • Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or • Has a gross vehicle rating of 26,001 or more pounds; or • Is designed to transport 16 or more passengers, including the driver; or • Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 U.S.C. 5103(b)) and which requires the motor vehicle to be placarded under the Hazardous Materials Regulations.
Confirmatory Test (alcohol)	For alcohol testing, a second test following a screening test with an alcohol level of greater than .02 BAC.
Confirmatory Test (drug)	A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite.
Confirmatory Validity Test	A second test performed on a different aliquot of the original urine specimen to further support a validity test result.
Confirmed Drug Test	A confirmation test result received by an MRO from a laboratory.
Consortium/Third Party Administrator (C/TPA)	A service agent that provides or coordinates the provision of drug and alcohol testing services to employers. C/TPAs typically perform administrative and alcohol testing tasks concerning the operation of the employer's drug and alcohol testing programs.
Contractor (FTA)	For the purposes of this policy, a contractor is a person or organization that provides a safety-sensitive service for a recipient, sub-recipient, employer, or operator consistent with a specific understanding or arrangement in the form of a written contract or an informal arrangement that reflects an ongoing relationship between the parties.
Controlled Substances	The substances identified in 49 CFR § 40.84. Any drugs that are classified by the Drug Enforcement Administration (DEA) into the five schedules or classes on the basis of their potential for abuse, accepted medical use, and accepted safety for use under medical supervision. A drug in any of these schedules identifies that it is controlled and determines the nature of supervisory control that must be exercised. Medications containing any controlled substance must be prescribed by a physician who has a valid DEA license number.
Covered Employee (FTA)	A person, including an applicant or transferee, who performs or will perform a safety-sensitive function including revenue vehicle operation; revenue vehicle and equipment maintenance; revenue vehicle control or dispatch; Commercial Driver's License non-revenue vehicle operation; or armed security duties. (See Appendix C for listing)
Designated Employer Representative (DER)	An employee authorized by the MBTA to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from their covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this policy. (See Appendix D for listing)

Dilute Specimen	A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.
Disabling Damage (FTA)	Damage that precludes departure of the vehicle from the scene of the accident in its usual manner in daylight after simple repairs. It includes damage to vehicles that could have been operated but would have been further damaged if so operated. Excluded are the following: (1) damage that can be remedied temporarily at the scene of the accident without special tools or parts; (2) tire disablement without other damage even if no spare tire is available; (3) headlamp or taillight damage; (4) damage to turn-signals, horn, or windshield wiper, which makes the function inoperable.
DOT	United States Department of Transportation, which is the federal agency that oversees federal highway, air, railroad, maritime and other transportation administrative functions; components include but are not limited to the Federal Motor Carrier Safety Administration (FMCSA), Federal Transit Administration (FTA), and the Federal Aviation Administration (FAA) .
DOT Agency	An agency (or “operating administration”) of the United States Department of Transportation administering regulations requiring drug and alcohol testing. See 14 CFR Parts 120, 121, appendices I and J; 33 CFR Part 95; 46 CFR Parts 4, 5, and 16; and 49 CFR Parts 199, 219, 382, and 655.
Drugs	The drugs for which tests are required under 49 CFR Part 40 and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and <i>opioids</i> .
Drug Metabolite	The specific substance produced when the human body metabolizes a given drug as it passes through the body and is excreted in urine.
Drug Test	The laboratory analysis of a urine specimen collected in accordance with 49 CFR Part 40 and analyzed in a DHHS-approved laboratory.
Employee	For purposes of the federal regulations contained herein, an employee is any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing under this policy, the term “employee” has the same meaning as the term “donor” as found on the CCF and related guidance materials produced by the Department of Health and Human Services. <i>This term includes all persons employed by the MBTA.</i>
Employee Assistance Program (EAP)	A program provided directly by an employer, or through a contracted service provider to assist employees in resolving drug or alcohol dependency and other personal problems.
Employer (FTA)	A recipient or other entity that provides mass transportation service or performs a safety-sensitive function for such recipient or other entity. This term includes sub-recipients, operators, and contractors.
Evidential Breath Testing (EBT) Device	A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations, placed on the NHTSA’s “Conforming Products List (CPL) for Evidential Breath Measurement Devices” and identified on the CPL as conforming with the model specifications available from NHTSA’s Traffic Safety Program.
Federal Transit Administration (FTA)	The FTA was established by the Urban Mass Transportation Act of 1964 and is one of 10 modal administrations within the United States Department of Transportation that provides financial and technical assistance to local public transit systems.
Fit for Duty	An employee is fit for duty when he/she is unequivocally able to perform his/her job duties, including when he/she is ready to work or working without the presence of any alcohol or the presence of any drugs or their metabolites that are proscribed by this Drug and Alcohol Policy.
Follow-Up Testing	The testing category required by Federal regulation for each employee who has committed a DOT drug or alcohol regulation violation and who seeks to resume the performance of safety-sensitive functions.
Illegal Drug	Any drug which is not legally obtainable or which is legally obtainable, but has not been obtained legally. The term includes any prescribed medication that is not being used for its prescribed purpose, in the manner prescribed, or by the person to whom it was prescribed.

Immediately	This means to proceed directly and without delay to the testing or collection site. The employee shall make no side trips for any purpose, except for an emergency. An emergency shall be communicated directly and without delay, <u>or</u> as soon as practicable, to his/her supervisor <u>and</u> testing/collection site personnel.
Initial Drug Test (also known as a “screening drug test”)	The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.
Initial Specimen Validity Test	The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.
Invalid Drug Test	The result reported by a DHHS certified laboratory in accordance with criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.
Laboratory	Any U.S. laboratory certified by DHHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs.
Legal Drug	Any prescribed medication or over-the-counter drug, which has been legally obtained, being used for the purpose which it was prescribed or manufactured, and in the manner in which it was prescribed.
MassDOT/MBTA Premises/Property	Includes all MassDOT/MBTA-owned, rented, or leased properties; MassDOT/MBTA-owned, rented, or leased vehicles, including vehicles rented by employees while on official travel, as well as privately-owned vehicles parked on MassDOT/MBTA-owned, rented, or leased property, and any work site or assigned work location, including contractor and vendor premises where work is being performed for MassDOT/MBTA.
Medically Authorized	A prescription or other writing from a licensed physician or health care provider such as a nurse practitioner or dentist for the use of a drug in the course of medical treatment, or dental treatment.
Medical Review Officer (MRO)	A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer’s drug testing program and evaluating medical explanations for certain drug test results.
Metabolite	A modified form of a drug that has been chemically altered by the body’s metabolic system.
Negative Dilute	A urine specimen which is negative for drug metabolites with creatinine and specific gravity values that are lower than expected for human urine.
Negative Test Result	The drug test result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration, for the drug or drug class and the specimen is a valid specimen.
Noncompliance with SAP or EAP	Any time an employee refuses to comply with the treatment and education requirements outlined in the SAP/EAP treatment plan. This also includes attendance parameters.
Non-Negative Alcohol Test	The presence of alcohol in the body at a concentration of 0.02 or greater. Refusal to take a breath test without a valid medical explanation also constitutes a positive alcohol test.
Observed Testing	A urine specimen collection where the observer (same gender as employee) is required to request that an employee raise his/her shirt, blouse, dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have a prosthetic or other devices designed to carry “clean” urine and urine substitutes AND the observer then watches the employee urinate into the collection container.
Office of Drug and Alcohol Policy and Compliance (ODAPC)	The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department and providing information concerning the implementation of 49 CFR Part 40.

On-Call Employee	An employee who is expected to be readily available for contact by phone, radio, pager, beeper, during all non-work hours. An employee on-call must be fit for duty and able to report for work within a short period during a designated timeframe.
Oxidizing Adulterant	A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to present the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.
Performing a safety-sensitive function (FTA)	A covered employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform such function.
Positive Alcohol Test	The result from the breathalyzer that indicates a level of alcohol present to indicate a positive reading as defined by this policy or applicable regulations.
Positive Drug Test	Any urine that is chemically tested (screened and confirmed), that shows the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations of controlled substances, and is verified by the MRO. Refusal to take a drug test without a valid medical explanation also constitutes a positive drug test.
Primary Specimen	In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined herein.
Probable Cause Testing	The drug and alcohol test conducted under MBTA's own authority when MBTA has probable cause to believe that an employee has violated the provisions of this policy related to the prohibited use of alcohol and controlled substances/illegal drugs.
Prohibited Drugs	Marijuana, cocaine, opioids, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended. <i>The Employer under its own authority will test for these additional drugs: expanded opioids, benzodiazepines, methadone, barbiturates, methaqualone, and propoxyphene.</i>
Reasonable Suspicion	A broad based term used to describe a set of circumstances that indicate a reason to conduct an investigation or assessment of an employee's fitness for duty, or to explore possible explanations for an employee's conduct, actions or appearance. The suspicion is based on observations of the individual employee. A reasonable suspicion is more than a hunch; it is a reasoned conclusion based on specific, contemporaneous, articulable observation regarding the appearance, behavior, speech or body odors of the covered employee.
Reason to Believe (FTA)	Objective information indicating that a particular individual may alter or substitute a urine specimen.
Reconfirmed	The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.
Rejected for Testing	The results reported by an HHS-certified laboratory when no tests are performed for a specimen because of a fatal flaw or a correctable flaw that is not corrected.
Refusal to Test	Any circumstance outlined in 49 CFR 40.191 and 40.261.
Return to Work Test	<i>The test conducted under MBTA's own authority when a safety-sensitive employee returns to work after an absence of 32 consecutive calendar days or more, or agrees to be tested as part of a settlement agreement, is returning from substance/alcohol treatment arranged by or made known to the MBTA.</i>
Revenue Service Vehicles (FTA)	Vehicles that are used for passenger transportation service or require a CDL to operate, which include bus, van, car, railcar, locomotive, trolley car, trolley bus, ferry boat, or a vehicle used on a fixed guideway or inclined plane. This includes all ancillary vehicles used in the support of the transit system.

Safety-Sensitive Function(s) (FTA)	<p>An employee whose job functions are, or whose job includes the performance of functions, related to the safe operation of mass transportation service. The following are the categories of safety-sensitive functions:</p> <ol style="list-style-type: none"> (1) Operating a revenue service vehicle, including when not in revenue service; (2) Operating a non-revenue service vehicle, when required to be operated by a holder of a CDL; (3) Controlling dispatch or movement of revenue service vehicles or equipment used in revenue service; (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; (5) Carrying a firearm for security purposes.
Saliva Device (alcohol)	An alcohol screening device that appears on the NHTSA conforming products lists (CPL) which can only be used for screening tests for alcohol, and may not be used for confirmation tests.
Saliva Specimen (alcohol)	An alternative method of sampling to a breath specimen which is obtained by a STT, utilizing a saliva device to obtain a sample from the donor's mouth with a swab or stick.
Saliva Testing	An analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.
Screening Test (drug)	An immunoassay screen to eliminate "negative" urine specimens from further analysis or to identify a specimen that requires additional testing for the presence of drugs.
Screening Test Validity	The first test used to determine if a urine specimen is adulterated, diluted or substituted.
Screening Test Technician (STT)	A person who instructs and assists employees in the alcohol testing process and operates an ASD.
Service Agent	Any person or entity, other than an employee of the MBTA, who provides services specified under this program to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs, SSTs, laboratories, MROs, SAPs, and C/TPAs. To act as the service agents, persons and organizations must meet the qualifications set forth in applicable sections of the federal regulations. Service agents are not employers for purposes of this program.
Shipping Container	A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.
Shy Bladder	The term used to describe a urine drug testing situation in which the selected employee attempts unsuccessfully to furnish a sufficient amount of urine within the time allotted.
Shy Lung	The term used to describe a testing situation or an attribute of a donor in which there is inability to provide adequate breath for alcohol testing after two attempts.
Specimen Bottle	The bottle that, after being sealed and labeled according to the procedures as stated in the regulations, is used to hold the urine specimen during transportation to the laboratory.
Split Specimen	In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.
Split Specimen Collection	A collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).
Substance Abuse	A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. (DSM-IV)

Substance Abuse Professional (SAP)	<p>A licensed physician (Medical Doctor or Doctor of Osteopathy) or a licensed or certified social worker; or a licensed or certified psychologist; or a licensed or certified employee assistance professional; or a state-licensed or certified marriage and family therapist; or an alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board of Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC), with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders as well as knowledge concerning SAP functions and DOT regulations. SAPs must pass an examination. This examination must be given by a nationally recognized professional or training organization and must comprehensively cover all the elements required for the qualification training.</p> <p>The SAP evaluates employees/applicants who have violated a DOT drug or alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.</p>
Substituted Specimen	A specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.
Validity Testing	The evaluation of a specimen to determine, if it is consistent with normal human urine, whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.
Vehicle Mass Transit (FTA)	A bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel which is used for mass transportation or for ancillary services.
Verified Negative Test (drug)	A drug test result reviewed by the MRO and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by DHHS.
Verified Positive Test (drug)	A drug test result reviewed by the MRO and determined to have evidence of prohibited drug use above the minimum cutoff levels specifically established by DHHS.

Section II: Regulatory Overview & Requirements

The MBTA (referred to as the “Employer”) has a strong commitment to maintaining a safe, healthy, and efficient workplace free of the dangers and negative impacts of substance abuse and alcohol misuse. The purpose of this policy is to communicate the Employer’s expectations for employees consistent with the U.S. Department of Transportation’s published regulations: Title 49 CFR Part 40, as amended; the FTA’s Title 49 CFR Part 655, as amended; and the “Drug-Free Workplace Act of 1988” to ensure that the workplace remains free of the hazards and deficiencies generated by substance abuse and alcohol misuse.

To ensure that employees understand the differences between the Federal Regulations and procedures established under the Employer’s own authority, FTA requirements are designated by mode when necessary and *requirements under the Employer’s own authority are designated by italics*.

A. Regulatory Requirements

The Employer’s governing board has adopted this policy, as revised, to comply with the following Federal Regulations, as amended:

- Title 49 CFR Part 40, “Procedures for Transportation Workplace Drug Testing Programs”
- Title 49 CFR Part 655, “Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations”
- P. L. 100-690, Title V, Subtitle D, “Drug-Free Workplace Act of 1988”
- Omnibus Transportation and Testing Act of 1991

These regulations apply to the Employer as a recipient of federal funds. Copies of these regulations are available, by request, from the Designated Employer Representative (DER) as named in Appendix D.

B. Testing Requirements (FTA)

All covered employees are required to submit to testing as mandated by 49 CFR Part 655, (FTA) as amended according to the practices and procedures of 49 CFR Part 40, as amended.

C. Testing Requirements (*the Employer’s Authority*)

All non safety-sensitive employees are required to submit to testing under the Employer’s own authority in accordance with this policy.

Establishment of a Drug-Free Workplace & Workplace Convictions

THE EMPLOYER HAS ESTABLISHED ITSELF AS A DRUG-FREE WORKPLACE AND PROHIBITS THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE BY ANY EMPLOYEE WHILE IN THE WORKPLACE. IN THIS CASE, A CONTROLLED SUBSTANCE IS DEFINED AS A CONTROLLED SUBSTANCE IN SCHEDULES I THROUGH V OF SECTION 202 OF THE CONTROLLED SUBSTANCES ACT (21 U.S.C. 812). ANY EMPLOYEE WHO VIOLATES THESE PROHIBITIONS MAY BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING IMMEDIATE TERMINATION FROM EMPLOYMENT. ADDITIONALLY, ANY EMPLOYEE WHO IS CONVICTED OF A DRUG RELATED VIOLATION WITHIN THE WORKPLACE MUST REPORT THE CONVICTION IN WRITING TO THE EMPLOYER WITHIN FIVE CALENDAR DAYS.

Section III: Management & Employee Responsibilities

A. Education and Training

As required by the Drug-Free Workplace Act of 1988, the Employer shall provide training to educate employees about:

1. The dangers of drug/alcohol misuse or abuse in the workplace;
2. The Employer's drug and alcohol-free workplace policy;
3. Services available through Employee Assistance Programs to assist with problems related to drug/alcohol misuse or abuse; and
4. The sanctions that will be imposed on employees who violate this policy.

Additionally, as required by federal regulations, all safety-sensitive employees will receive a minimum of 60 minutes of training on the effects and consequences of drug use on personal health, safety and the work environment.

The Employer will provide all employees with information on the misuse of alcohol on personal health, safety, and the work environment, and on the signs and symptoms that may indicate alcohol misuse.

The Employer shall ensure that all persons designated to supervise safety-sensitive employees receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training information will be used by the supervisors to determine whether reasonable suspicion exists to require an employee to undergo testing. The training shall include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and/or the use of controlled substances.

*The Employer shall, under its own authority, require **all** supervisors and/or managers of non-safety-sensitive employees to undergo at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse, and 60 minutes of training on probable drug misuse. Such training is to educate supervisory staff in determining whether probable cause exists to require a non-safety-sensitive employee, under their supervision, to undergo a drug and/or alcohol test pursuant to this policy.*

The Employer distributes this Drug and Alcohol Policy to all new employees during the probationary phase of employment. Upon receipt, each new employee must sign the "Acknowledgement of Receipt of the MBTA Drug and Alcohol Testing Policy" page, which will be maintained by Human Resources. Whenever available, email distribution and "read receipt" will be implemented by the Employer. Additionally, the Employer issues updates as needed by replacing specific pages, including the Appendices, or by redistributing the policy as a whole.

A copy of this policy is available in the Human Resources Department, Occupational Health Services Department, and the homepage of the MBTA intranet. This policy may be made available to other interested parties upon request.

The Employer provides training and individual counseling when necessary in order to help employees understand the policy, its applicable Federal Regulations, and their responsibility for complying with the policy. Additional educational materials are posted periodically in high traffic areas throughout the organization.

B. Prohibited Use of Alcohol

Federal regulations prohibit the following for DOT regulated employees:

1. Reporting for, or remaining on duty, requiring the performance of safety-sensitive functions, while having an alcohol concentration of 0.04 or greater;
2. No employer having knowledge that a driver/employee has an alcohol concentration of 0.04 or greater, shall permit the driver/employee to perform or continue to perform safety-sensitive functions;

3. Consuming alcohol while performing safety-sensitive functions;
4. Performing safety-sensitive functions within four hours after consuming alcohol;
5. Consuming alcohol within eight hours after an accident or until the required test is administered, whichever occurs first, and;
6. During specified “on-call” hours.

On-call MBTA employees are prohibited from consuming alcohol during specific published on-call hours. Any MBTA employee not on the published on-call list who is called to report to duty shall have the opportunity to acknowledge the use of alcohol and the inability to perform his or her safety-sensitive function. If the MBTA employee has acknowledged the use of alcohol, but claims the ability to perform his/her safety-sensitive function, that employee is required to take and pass an alcohol test prior to performing any safety-sensitive functions. This test will be administered only if there is sufficient time within the work schedule for that day to complete any and all work activities without additional expenditure to the Employer. If the work cannot be completed due to the delay in testing, the next person on the on-call list shall be contacted and the process repeated.

DOT regulated employees found to have an alcohol concentration of 0.02 or greater but less than 0.04 will be immediately removed from safety-sensitive duties until: (1) The employee's alcohol concentration measures less than 0.02; or (2) The start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test. *The Employer under their own authority, will consider alcohol concentration of 0.02 or greater but less than 0.04 a positive test and will refer the employee to his/her Area for appropriate discipline.*

See Part Two for MBTA discipline.

The Employer, under its own authority, also prohibits any employee from engaging in the following:

1. *Consuming alcohol within four hours prior to reporting to work;*
2. *Consuming alcohol while on-call;*
3. *Reporting for, or remaining on duty while having an alcohol concentration of 0.02 or greater;*
4. *Consuming or possessing alcohol while on duty, (including breaks) or on the Employer’s premises or worksite. This including prescription or over-the-counter medication containing alcohol without verification that the prescribed dosage of the medication will not have any adverse effects on the employee’s ability to perform his/her job;*
5. *Consuming alcohol within eight hours after an accident or until tested, whichever comes first.*

No manager or supervisor having actual knowledge that any employee has misused alcohol in violation of this policy shall permit the employee to perform or continue to perform job duties including safety-sensitive functions. The employee shall be referred to OHS for a Reasonable Suspicion or *Probable Cause* test *and a physical examination.*

C. Prohibited Use of Controlled Substances/Illegal Drugs

Covered employees are prohibited from using the following drugs at all times: (1) Marijuana; (2) Cocaine; (3) Opioids; (4) Amphetamines; and (5) Phencyclidine. No employee shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the employee uses any controlled substance, unless the following conditions have been met:

1. A licensed medical practitioner, as defined herein, has instructed and advised the employee that the substance will not adversely affect his/her ability to perform safety-sensitive functions; **AND**
2. The use of the controlled substance has been *approved by OHS, with or without a job related restriction.*

No manager or supervisor having actual knowledge that any employee has used a controlled substance shall permit the employee to perform or continue to perform job duties including safety-sensitive functions. The employee shall be referred to OHS for a Reasonable Suspicion test *and a fitness for duty physical examination.*

All MBTA employees in safety-sensitive positions must report their use of any Rx, OTC or alternative supplements (such as “natural or herbal remedies”) to OHS prior to performing safety-sensitive functions.

D. Record Keeping

The Employer shall maintain employee drug and alcohol testing records in a secure and confidential manner, separate and apart from the employee's personnel files, in accordance with the provisions of Title 49 CFR Parts 40 and 655.71.

E. Confidentiality and Right to Examine Drug and Alcohol Testing Results

Confidentiality of drug and alcohol test results will be maintained as required by 49 CFR Subpart P, §40.321-40.331, and 49 CFR Subpart H, 655.71.

An employee, upon written request is entitled to obtain copies of any records pertaining to the employee's use of alcohol or controlled substances, including any of his/her alcohol or controlled substances tests. The Employer shall promptly provide the records requested by the employee. An employee's access to his/her records shall not be contingent upon payment for records.

Individual test results may not be released to any other party or parties absent a specific written authorization by the tested person to release the results to others, except as follows:

1. Upon request of a Federal, (including any DOT agency), state or local safety agency with regulatory authority over the Employer or the employee;
2. When requested by the NTSB as part of a specific accident investigation;
3. The employee has been sent for testing under any of the circumstances outlined in this policy, and the Medical Review Officer (or designee) must inform the appropriate supervisory officials of a positive test result;
4. The Employer may disclose information in criminal or civil actions in accordance with 49 CFR Part 40.323(a) (2). In legal proceedings that result from an employee's performance of safety-sensitive functions, in which a court of competent jurisdiction determines that the drug or alcohol test information sought is relevant to the case and issues an order directing the Employer to produce the information. The information is to be released to the decision-maker in the proceedings with a binding stipulation that the decision-maker to whom it is released will make it available only to parties to the proceedings. The Employer must immediately notify the employee of any information so released;
5. The Employer may disclose information required to be maintained under the federal regulations pertaining to an employee to the decision-maker in a lawsuit, grievance, or other administrative proceeding initiated by or on behalf of the individual, and arising from a positive drug or alcohol test or refusal to test, (including, but not limited to, adulterated or substituted test results) (including, but not limited to, arbitration, worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by the employee).
6. *The employee makes a claim against the Employer involving the drug and alcohol test and/or its result.*

Only those MBTA personnel who must be involved in a case will be given information regarding an employee's positive test result or information regarding the employee's participation or lack thereof in EAP. Every attempt will be made to advise the employee in advance.

F. Requests for Drug and Alcohol Testing Information for Employment Purposes

DOT regulated agencies are required to query previous employers for DOT drug and alcohol testing information of applicants seeking to begin performing safety-sensitive functions or current employees who are seeking a transfer to a safety-sensitive position. The applicant/employee must provide written consent authorizing their prior DOT regulated employers (who have employed the applicant during any portion of the previous two years for applicants applying for positions governed by the FTA) to release the following:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug tests results);
4. Other violations of DOT agency drug and alcohol testing regulations; and

5. With respect to any applicant/employee who violated a DOT drug and alcohol regulation, documentation of the applicant's/employee's successful completion of DOT return to duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process, the Employer must seek the information from the applicant.

If the employee/applicant refuses to provide this written consent, the Employer will not permit the applicant/employee to perform safety-sensitive functions.

The MBTA will ask applicants applying for a safety-sensitive position and employees transferring from a non-safety-sensitive position to a safety-sensitive position, whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant/employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the applicant / employee admits that, he or she had a positive test or a refusal to test, the MBTA must not use the applicant/employee to perform safety-sensitive functions, until and unless the applicant/employee documents successful completion of the return-to-duty process

All records received under this section shall be maintained by the DER or designee in accordance with 49 CFR Parts 40, 655.71, 655.72 and 655.73.

G. Prescription (Rx) and Over-the-Counter Medications (OTC)

Employees may be prescribed legal substances by their physicians or may decide to take over-the-counter medications (OTC) or alternative supplements (such as "natural or herbal remedies") as needed. These medicines, when used properly, promote the health of those who need them. The use of such substances, however, may influence an employee's ability to function safely in the workplace. Depending on the medication and the individual for whom it is prescribed, side effects, varying from mild to severe may occur. Examples of potential side effects are agitation, anxiety, blurred vision, difficulty breathing, chest pains, confusion, dizziness, disorientation, double vision, drowsiness, headache, hyperventilation, insomnia, light headedness, muscle cramps/spasms, nausea, vomiting, heart palpitations, and slowed reaction time. Any one or a combination of these side effects can jeopardize an employee's ability to safely perform his or her job duties. The Employer requires employees to speak with their personal health care provider about any questions or concerns regarding medication side effects.

The Employer shall require all safety-sensitive employees to inform the Employer, via the Occupational Health Services Department (OHS) of any use of medications, including but not limited to Rx, OTC or alternative supplements such as "natural or herbal remedies". No safety-sensitive employee shall report to duty, or remain on duty requiring the performance of safety-sensitive function, when the employee uses any non Schedule I drug or substance that is identified in the other Schedules in 21 CFR Part 1308, except when the use is pursuant to the instructions of a licensed medical practitioner. The licensed medical practitioner must be familiar with the employee's medical history and verify with the employee that the substance will not adversely affect the employee's ability to safely perform his or her duties. Use of any substance must be approved for use with or without job related restrictions by OHS. In the interest of protecting employees, passengers, and the general public, the Employer must ensure that safety-sensitive employees' use of any Rx, OTC or alternative supplements or any combination of drugs being taken, will not adversely impact the employee's safe job performance.

Schedule I drugs and substances are strictly prohibited. The drugs or other substances listed in Schedule I currently have no accepted medical use in the United States.

An OHS physician or nurse will make the determination as to whether the employee's use of the medication could impair the employee's performance or jeopardize the safety of the employee, his/her co-workers and/or the public. The physician or nurse will advise the employee of any job-related restrictions while taking the medication. These restrictions can include a restrictive timeframe prior to reporting for work while using the medication, a restriction against performing safety-sensitive job duties, a medical disqualification from their safety-sensitive functions and/or all work during the use of the medication. If it is determined that an employee is medically disqualified, OHS will notify the

employee and the employee's supervisor. The supervisor will not be provided any further information regarding the disqualification. The employee will remain temporarily disqualified until cleared to return to work by OHS.

The Employer, in the interest of safety, reserves the right to disqualify any employee due to the use of medication, if, after review, OHS determines the Rx, OTC or alternative supplements, can impair his/her ability to safely perform their job duties, regardless of medical clearance by the employee's personal prescribing medical provider. If there is a conflict between the OHS Medical Director and the employee's prescribing medical provider's opinion on the employee's ability to safely perform his/her job duties, a "Fitness for Duty" examination of the employee will be required. This examination will include a medical records review. If the employee declines to release his/her medical records for review, he/she will remain disqualified in the interest of the safety of the employee, his/her co-workers and the public until cleared for duty by OHS.

Section IV: Drug and Alcohol Testing

The Employer shall require all safety-sensitive employees to submit to all DOT required drug and alcohol testing. Failure to submit to the required testing will constitute a refusal to test which is a violation of the MBTA Drug and Alcohol Policy. Such a violation will result in a removal from all safety-sensitive functions and referral to supervisory staff for discipline up to and including discharge. Before performing any alcohol or drug test, the MBTA, or their collection site designee, will notify the employee whether the test is required under FTA regulations or being performed under the agency's own authority.

The MBTA under its own authority will require all employees to submit to drug and alcohol testing as required by this policy.

A. Drugs/Metabolites

All federally mandated drug tests will include testing for the following substances: cocaine, marijuana, phencyclidine, amphetamines and opioids. Drug metabolites and cutoff levels are listed in Appendix E, which may be updated periodically. In the event that DHHS or a DOT agency updates the drugs being tested or changes the cutoff confirmation levels in either the initial or the confirmatory test, the Employer will automatically adjust its policy to conform to the DOT requirements. In any event, in the case of any conflict between this policy and DOT regulations, the DOT regulations shall control.

B. DOT Mandated Tests

1. Pre-employment Testing of Applicants/Transfers

Pre-employment drug and alcohol tests are conducted before safety-sensitive applicants are hired and when an employee transfers from a non-safety-sensitive position into a safety-sensitive position. There must be a written verified negative drug test result and a verified negative alcohol test (0.02 or less) prior to the performance of safety-sensitive functions.

The Employer will conduct all pre-employment alcohol tests using the alcohol testing procedures set forth in 49 CFR Part 40. Pre-employment tests must be conducted after the Employer makes a contingent offer of employment or transfer, subject to the employee passing the pre-employment drug and alcohol test.

2. Pre-employment Testing of Employees

Pre-employment drug tests will also be conducted when a safety-sensitive employee has not performed safety-sensitive functions and has not been in the random selection pool, regardless of the reason (e.g., the safety-sensitive employee is laid-off but then recalled, or has returned from a leave of absence or a suspension). FTA-governed employees who are out of the random testing pool 90 consecutive calendar days or longer must take a pre-employment drug test and

receive a verified negative result before resuming any safety-sensitive functions. *If the employee fails to receive a verified negative result, the employee will be referred to their Area/District for appropriate discipline.*

Requirements for Canceled Pre-employment Drug Tests:

If a pre-employment drug test is canceled by the Medical Review Officer (MRO), the Employer shall require the covered employee or applicant to take another pre-employment drug test, in accordance with the governing regulations.

3. Reasonable Suspicion Testing

A reasonable suspicion test is conducted on a FTA governed employee who performs in a safety-sensitive position, and who is reasonably suspected by one or more trained supervisors or agency official of using a prohibited drug or misusing alcohol.

DOT regulations require safety-sensitive employees to submit to an alcohol and/or controlled substances test when the Employer has reasonable suspicion to believe that the employee has used a prohibited drug and/or engaged in alcohol misuse.

The Employer's determination that reasonable suspicion exists to require the employee to undergo an alcohol test and/or a controlled substances test shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the safety-sensitive employee. The observations may include indications of the chronic use and/or withdrawal effects of controlled substances. The required observations for alcohol and/or controlled substances reasonable suspicion testing shall be made by a supervisor or MBTA official who is trained in detection of the symptoms of possible drug use and/or alcohol misuse. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the safety-sensitive employee. The supervisor or MBTA official shall be required to document all observations and the decision to administer or not administer the drug and/or alcohol test *using the reasonable suspicion checklist. All documentation shall be forwarded to the DER or designee at OHS. All employees required to take a reasonable suspicion test are to be escorted to the testing/collection site by supervisory personnel.*

The Employer may direct a covered employee to undergo reasonable suspicion testing for alcohol only if the observations are made while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions. A covered employee may be required to undergo reasonable suspicion testing for prohibited drug use anytime while on duty.

If an alcohol test is not administered within two hours of making a reasonable suspicion determination, the Employer will record in writing the reason that the test was not promptly administered. After eight hours, the Employer will stop attempts to administer the alcohol test and will record the reasons that the test was not completed. *All documentation shall be forwarded to the DER or designee at OHS.*

All employees required to take a reasonable suspicion drug and/or alcohol test are required to submit to a physical examination prior to being returned to safety-sensitive functions.

4. Post-Accident Testing

FTA Post Accident Testing

The MBTA shall conduct post-accident drug and alcohol testing in an accident involving a fatality on all surviving covered employees operating a public transit vehicle at the time of the accident.

Additionally, the MBTA will conduct post-accident drug and alcohol testing on the operator/driver of a non-fatal accident, unless his/her performance can be completely discounted as a contributing factor, and any other safety-sensitive employee whose performance could have contributed to the accident shall be tested. This determination is to be made using the best information available at the time of the decision.

As soon as practicable following an accident, the Employer shall test for alcohol and/or controlled substances according to the following criteria:

Fatality	Any accident that involves the loss of human life on each surviving covered employee who operated the mass transit vehicle.
Non-fatality	<ul style="list-style-type: none"> Any accident that results in bodily injury for which immediate medical attention away from the scene is provided; or The removal from service of the mass transit vehicle, when the mass transit vehicle is a rapid transit or trolley vehicle or a vessel; or Disabling damage to any vehicle involved in the accident, when the mass transit vehicle is a bus, electric bus, van, or automobile.

A safety-sensitive employee who is subject to post-accident testing shall remain readily available for such testing including notifying the Employer of his/her whereabouts, or be deemed to have refused to submit to testing. *All safety-sensitive employees required to submit to a post-accident drug and alcohol test under this policy shall be escorted by supervisory personnel to the testing site. In the case where an employee is transported for medical attention, supervisory personnel shall accompany the employee to the medical facility and upon discharge, transport the employee (if medically appropriate) to the testing site. If the employee is admitted to the hospital, they shall be instructed to contact supervisory personnel if they are discharged within the 32-hour testing period.*

Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care. Should the employee be required to leave the scene to obtain assistance or emergency medical care, he/she shall notify or cause notification to the Employer as soon as notification can safely be made.

Alcohol Tests: If a test required by this policy is not administered within two hours following the accident, the supervisor shall prepare and submit a record to the DER or designee stating the reason(s) the test was not promptly administered. If a test required by this policy is not administered within eight hours following the accident, the supervisor shall cease attempts to administer an alcohol test, prepare a record and submit it to the DER or designee.

Controlled Substance Tests: If a test required by this policy is not administered within 32 hours following the accident, the supervisor shall cease attempts to administer a controlled substances test, and prepare and submit a record to the DER or designee stating the reason(s) the test was not promptly administered.

The Employer will document in detail whether the safety-sensitive or other employee's performance could have been a contributing factor to the accident and will use all the information in determining whether to perform a post accident test under DOT authority. Any determination not to test an employee shall be documented in detail, using factual information at the time of the incident, which confirms that the employee's performance could not have contributed towards the accident. All documentation is to be forwarded to the DER or designee.

All employees required to take a post accident drug and/or alcohol test are required to submit to a physical examination prior to being returned to safety-sensitive functions.

DOT Agency	Regulation	Testing Criteria	Who is tested?
FTA	49 CFR Part 655.44	There is a fatality, or the vehicle/vessel is towed/removed from operation, or someone involved in the accident seeks or receives medical attention away from the scene. Vehicle receives disabling damage.	In fatal accidents, each employee operating the mass transit vehicle at the time of the accident, and any other covered employee whose performance could have contributed to the accident.

Use of Test Results Conducted by Other Parties

The results of a breath test for the use of alcohol or a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local alcohol testing requirements, and that the results of the tests are obtained by the Employer and the Employer was unable to conduct their own test.

5. Random

Each DOT Agency sets the minimum random testing rates for drug and alcohol testing in the industry it regulates. In the event that a DOT agency changes the required percentages in the future, the Employer will automatically adjust its testing rates to conform to the DOT requirements. The current DOT Agency random testing rates can be found at Appendix B.

All covered employees are included in the DOT-mandated random testing pools. As such, employees will be randomly selected for testing pursuant to a scientifically valid, computer based random number generator. There shall be no discretion on the part of management or those administering the program in the selection and notification of individuals for testing. All covered employees have an equal chance of being selected for random testing.

Because of the random nature of the selection method, an employee may be called upon for testing multiple times during a single year or not at all. Random testing is spaced reasonably throughout the year and occurs during all shifts, and on all days and hours of operation when safety-sensitive functions are being or could be performed, this includes nights, weekends and holidays. Testing dates/times are unannounced and occur with an unpredictable pattern of frequency.

Random alcohol testing must be done just before, during or immediately after a covered employee has performed a safety-sensitive function. Random drug testing can be done any time that a safety-sensitive employee is on duty.

Randomly selected employees and supervisors will be notified on the test day that they must take a test for controlled substances drugs and/or alcohol.

Once an employee is notified that he/she has been selected for testing, that employee must proceed **immediately** and directly to the testing/collection site. If the employee is performing a safety-sensitive function at the time of the notification, the supervisor shall ensure that the FTA governed employee ceases to perform the safety-sensitive function and proceeds to the testing/collection site immediately.

“Immediately” means that after notification, all the employee’s actions must lead to an immediate specimen collection. *Examples of actions that are **not** considered as ones leading to an immediate specimen collection include, but are not limited to, the following:*

- *Going home to change clothes;*
- *Going home to get your own vehicle;*
- *Going to a friend or relative’s house or other location to get a ride to the testing site;*
- *Stopping for food or drink enroute to the testing site;*
- *Attending to child care needs; Employees are on notice that they may be subject to a random drug and/or alcohol test that could occur at the “end of shift” and if, they have child care responsibilities at “the end of shift,” they must pre-arrange emergency child care for the possibility of a random “end of shift” test. The supervisor or OHS personnel will permit reasonable time (5 to 10 minutes) for appropriate phone calls. Employees will not be excused from the random due to child care responsibilities.*
- *Carrying out personal errands of any kind; or*
- *Stopping to talk with co-workers or friend(s).*

Supervisors when appropriate shall escort selected employees to their lockers or work stations after notification and shall establish an expected arrival time at the testing/collection site. If an employee is notified of a random test while working “off-site” or “on the road”, and the employee is part of a crew, his/her supervisor shall coordinate with the

foreperson/inspector to arrange for that employee to be transported immediately and directly to the collection site. *MBTA employees whenever possible should use the service to report to the collection site.* Failure to report to the collection site at the appointed time will be considered a refusal to test.

6. Return to Duty Testing

Return to Duty tests are conducted pursuant to 49 CFR Part 40, Subpart O when an individual who has violated the Federal alcohol or drug regulations returns to duty performing safety-sensitive functions. All Return to Duty tests will be performed under direct observation as required by federal regulations. A copy of Subpart O is available upon request from the DER or his/her designee as named in Appendix D.

7. Follow-Up Testing

Follow-Up testing will be conducted in accordance with the plan developed by the Substance Abuse Professional (SAP). A minimum of six unannounced observed follow-up tests must be conducted in the first 12 months after an individual returns to duty pursuant to 49 CFR Part 40, Subpart O. A greater number of tests may be required and may be extended for up to 60 months at the discretion of the SAP. All Federally required follow-up tests will be performed under direct observation.

A covered employee shall only be tested for follow-up alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be required to submit to follow-up testing for prohibited drug use anytime while on duty.

If an employee who is required to complete a follow-up testing program is absent from work for 30 consecutive calendar days or more, the length of the absence will be added to the testing program to ensure compliance with the original testing plan submitted by the SAP.

C. DOT-Mandated Testing Protocols

1. Testing Methodology

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability using techniques, equipment and laboratory facilities which have been approved by DHHS and NHTSA. All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40, as amended. Part 40 is a DOT-wide regulation that states how to conduct testing and how to return employees to safety-sensitive functions after they violate a DOT drug and alcohol regulation. Part 40 applies to all DOT-required testing, regardless of what DOT agency specific rule applies to an employer. Therefore, whether an employee is covered by FAA, FMCSA or FTA, Part 40 procedures for collecting and testing specimens, performing breath tests and reporting results applies to all safety-sensitive employees. A copy of this regulation is available, by request, from the DER named in Appendix D.

2. Preparation for Testing

All employees/applicants are required to show current valid picture identification to the BAT/collector prior to any test. Acceptable forms of identification include: a photo identification (e.g., driver's license, employee badge issued by the employer, or any other picture identification issued by a Federal, state, or local government agency), or identification by an employer representative. Unacceptable forms of identification include: identification by a co-worker, identification by another safety-sensitive employee (non-supervisory), use of a single non-photo identification card (e.g., social security card, credit card, union or other membership cards, pay vouchers, voter registration card), or faxed or photocopies of an identification document.

The employee/applicant will then be required to remove all outer clothing and to remove all objects from his or her pockets prior to a drug test. The collector will secure the employee's personal belongings if needed. The employee will be instructed to wash and dry his or her hands prior to testing.

The BAT/collector will perform testing on one employee at a time and will not leave the testing/collection site while any testing is in progress.

Any MBTA alcohol test result that is 0.02 or higher will be considered a positive result. The employee will be removed from job duties (both safety-sensitive and non safety-sensitive) and referred back to their supervisor for appropriate action. An employee who produces an alcohol test result of 0.02 or higher will be required to secure a ride home or be provided transportation. They will not be allowed to leave the property unaccompanied to ensure they arrive home safely.

3. Insufficient Amount of Breath or Shy Lung

If an employee does not provide a sufficient amount of breath to permit a valid breath test, the BAT or STT must instruct the employee to attempt again to provide a sufficient amount of breath and the proper way to do so. If the EBT has the capability of operating manually, the BAT or STT may attempt to conduct the test in manual mode.

If the employee again attempts and fails to provide a sufficient amount of breath, the BAT or STT may provide another opportunity to the employee to do so if there is a strong likelihood that it could result in providing a sufficient amount of breath. If the employee has failed to produce a sufficient amount of breath, the BAT/STT must note the fact on the "Remarks" line of the ATF and immediately notify the DER. The employee will be directed to obtain, within five days, an evaluation from a licensed physician who is acceptable to the Employer and whom has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.

4. Insufficient Volume and Shy Bladder

If the employee has provided an insufficient specimen, he or she will be instructed to drink up to 40 ounces of fluid over a three hour period or until a sufficient urine specimen has been provided, whichever occurs first. The employee is not required to drink any fluids. The collector must document on the "Remarks" line of the CCF (Step 2), and inform the employee of the time at which the three-hour period begins and ends. The collector will discard the insufficient specimen except where the insufficient specimen was out of temperature range or shows evidence of adulteration or tampering.

If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collector must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER.

The employee will be instructed by the DER and/or the MRO to obtain within five days an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.

5. Direct Observation

The employer must direct an immediate collection under direct observation (see procedures at Appendix G) with no advance notice to the employee when:

- (a) The laboratory reported to the MRO that a specimen is invalid, and the MRO reported to the employer that there was no adequate medical explanation for the result;
- (b) The MRO reported that the original positive, adulterated, or substituted result had to be canceled because the test of the split specimen could not be performed; or
- (c) The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen as negative-dilute and that a second collection must take place under direct observation.

The employer must also direct a collection under direct observation of an employee if the drug test is a Return to Duty or a Follow-Up test.

The collector must immediately conduct a collection under direct observation if:

- (a) Directed by the DER to do so; or
- (b) The Collector observed materials brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with a specimen; or

- (c) The temperature on the original specimen was out of range; or
- (d) The original specimen appeared to have been tampered with.

The employer/collector must explain to the employee the reason for a directly observed collection.

The collector must complete a new CCF for the direct observed collection citing the reason for the test. The CCF must indicate an observed collection and the reason for the observation. If two specimens are being sent to the laboratory because of suspected tampering with the specimen at the collection site, the Collector must enter on the "Remarks" line of the CCF (Step 2) for each specimen, a notation to this effect (e.g., collection 1 of 2, or 2 of 2) and the specimen ID number of the other specimen.

All requirements for observed collections must be followed.

6. Drug Testing Laboratories and Specimen Analysis

All urine specimens are tested at DHHS certified laboratories. Laboratories used by the Employer are listed in Appendix D.

An initial drug screen and validity test is conducted on the primary specimen. If the result is below the cutoff level as defined by 49 CFR Part 40.87, the result will be reported to the Medical Review Officer as negative. If a result is at or above the cutoff concentration, the laboratory will perform a confirmation test. On a confirmation drug test, if the result is below the cutoff level as defined by 49 CFR Part 40.87, the result will be reported to the Medical Review Officer (MRO) as negative. If a result is at or above the cutoff concentration, the result will be reported to the MRO as a confirmed positive.

7. Medical Review Officer (MRO) and Result Review Process

The Medical Review Officer (MRO), as listed in Appendix D, is a licensed physician with knowledge of controlled substance disorders, as well as alternative medical explanations for positive and invalid laboratory results. The MRO or his/her designee review all negative drug test reports received from the laboratory prior to reporting the results to the Employer. In the case of confirmed positive, adulterated, substituted or invalid laboratory results, the MRO conducts an interview with the employee to determine whether there is a legitimated reason including prescription drug use, for the substance to be present in the employee's sample.

8. Request for Retest of the Split Specimen

When an employee has been notified by the MRO that he/she has a verified positive drug test and/or refusal to test because of adulteration or substitution, he/she has 72 hours from the time of notification to request a test of the split specimen. If the employee does not make the request for retest within 72 hours and can show a legitimate reason for this, the MRO can have the split specimen forwarded and tested as if the request was made within the 72 hour period. The MRO must document the date and time of the employee's request. There is no split specimen testing for an invalid result.

Once the timely request for a test of the split specimen is made, the MRO provides written notice to the laboratory that tested the primary specimen, directing that laboratory to forward the split specimen to a second DHHS-certified laboratory.

An employee removed from safety-sensitive functions may not be returned to duty while waiting for split specimen results. The original test results will remain in effect.

A laboratory tests the split specimen for the drug(s)/drug metabolite(s) detected in the primary specimen. The laboratory will forward all results to the MRO. The MRO or his/her designee will forward the results to the DER and the employee.

All costs related to testing a split specimen are the responsibility of the employee/applicant requesting the split specimen test. However, the process will not be delayed due to payment requirements. Any employee who refuses to pay for the

requested split specimen will be suspended without pay until the employee has reimbursed the Employer for the costs of the test.

9. Diluted Specimens

Negative-dilute test results shall be handled pursuant to 49 CFR Part 40.197. *The Employer will require all pre-employment test results (applicants and employees returning to work or transferring to a safety-sensitive position) that are reported as a negative-dilute to submit to immediate retesting.*

If the Employer receives a report that a positive drug test was dilute, it shall treat the test as a verified positive test and the employee will not be allowed to take another test based on the fact that the specimen was dilute.

As required by Title 49 Part 40, if the creatinine concentration of the specimen was equal to or greater than 2mg/dL, but less than or equal to 5 mg/dL, the applicant/employee will be directed to immediately provide another specimen under direct observation. If the applicant/employee declines to be retested, the applicant/employee has refused the test for purposes of Federal DOT regulations and for purposes of this policy. *Under the Employer's own authority, any employee declining to be retested shall be deemed to have refused to test and shall be subject to termination consistent with the terms of this program. The applicant refusing to test will be disqualified for hire.*

10. Refusal to Submit to a Required Test

Employees are required to submit to all testing required by 49 CFR Part 655, as amended, and defined in 49 CFR Part 40. Any employee who refuses to submit to a required drug or alcohol test will be removed immediately from his or her safety-sensitive functions and referred to a SAP. *Any employee who refuses to take a drug or alcohol test as required by the Employer on company authority will be removed from their job duties. All employees will be referred to their work location for discipline up to and including discharge. Any refusal to test constitutes a violation of the MBTA Drug and Alcohol Testing Policy.*

(a) Drug Test Refusal

An employee/applicant is considered to have refused a drug test if that employee/applicant:

1. Failed to appear for any test (except for a pre-employment applicant test) within a reasonable time, as determined by the Employer after being notified of the test;
2. Failed to remain at the collection site until the testing process is complete (except for a pre-employment applicant test, provided the testing process has not commenced);
3. Failed to provide a urine specimen for any drug test required by this policy or federal regulations (except for a pre-employment applicant test, provided the testing process has not commenced);
4. Failed to permit the observation or monitoring of the specimen collection, as required for a directly observed or monitored collection;
5. Failed to provide a sufficient amount of urine when directed and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Failed or declined to take a second test as directed by a collector or MBTA supervisory personnel;
7. Failed to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the Employer. In the case of a pre-employment drug test, the employee/applicant is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
8. Failed to cooperate with any part of the testing process (e.g., refused to empty pockets when so directed by the collector, behaved in a confrontational way that disrupted the collection process);
9. Is reported by the MRO as having a verified adulterated or substituted test result;
10. Failed to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to check for any type of prosthetic or other device that could be used to interfere with the collection process during a directly observed collection;

11. Possesses or wears a prosthetic or other device that could be used to interfere with the collection process;
12. Admits to a collector or MRO that he or she has adulterated or substituted the specimen; or
13. Leaves the scene of an accident before submitting to the required testing.

When an employee refuses to participate in any part of the testing process in which the MRO or collector is involved, the collector/MRO must terminate that portion of the testing process, document the refusal on the CCF (including, in the case of the collector, printing the employee's name on Copy 2 of the CCF), immediately notify the DER by any means (e.g., telephone or secure fax machine) that ensures that the refusal notification is immediately received.

Any employee who refuses to submit to a test is then subject to the consequences as outlined in Part Two of this policy.

(b) Alcohol Test Refusal

An employee/applicant is considered to have refused an alcohol test if that employee:

1. Failed to appear for any test (except for a pre-employment applicant test) within a reasonable time, as determined by the Employer after being notified of the test;
2. Failed to remain at the testing site until the testing process was complete; (except for a pre-employment applicant test, provided the testing process has not commenced);
3. Failed to provide an adequate amount of saliva or breath for any alcohol test, (except for a pre-employment applicant test, provided the testing process has not commenced);
4. Failed to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
5. Failed to undergo a medical examination or evaluation, as directed by the Employer as part of the insufficient breath procedures outlined in 49 CFR §40.265(c);
6. Failed to sign the certification at Step 2 of the ATF;
7. Failed to cooperate with any part of the testing process; or
8. Leaves the scene of an accident before submitting to the required testing.

When an employee refuses to complete the testing process, the BAT must terminate that portion of the testing process, document the refusal on the ATF (or in a separate document, which is attached to the form), and immediately notify the DER by any means (e.g., telephone or secure fax machine) that ensures the refusal notification is immediately received. The BAT must make this notification directly to the DER.

Section V: Substance Abuse Professional (SAP) Evaluation and Referrals

Federal regulations require that any individual who has violated DOT Drug and Alcohol regulations cannot perform any DOT safety-sensitive functions for **any** DOT employer until and unless the employee has completed the Substance Abuse Professional (SAP) evaluation, referral, education/treatment and the Return to Duty process required by the DOT. The SAP designated by the Employer shall determine what assistance and/or education is needed by the employee to resolve problems associated with prohibited drug use and/or alcohol misuse.

To be permitted to act as a SAP in the DOT drug and alcohol testing program, the SAP must meet the qualifications as listed in 49 CFR Subpart O §40.281. The Employer currently employs and/or contracts SAPs which are listed at Appendix D. The DER or his/her designee as named in Appendix D will be responsible for disseminating the identity of any new or additional SAPs by circulating a revised Appendix D containing updated information.

A. Initial SAP Evaluation

The initial SAP evaluation shall include a comprehensive face-to-face clinical assessment and evaluation to determine what assistance is needed by the employee to resolve problems associated with alcohol and/or drug use.

B. Referral for Education and Treatment

The SAP is required to refer the employee to the appropriate education and treatment programs. Every effort will be made to refer the employee to education/treatment programs covered by his/her health insurance. However, the Employer will not be responsible for any cost incurred for the SAP evaluation and any subsequent education and treatment. The employee must demonstrate successful compliance acceptable to the SAP prior to returning to their DOT safety-sensitive duty.

C. Return-to-Duty Evaluation

The SAP must conduct a face-to-face follow-up evaluation to determine if the employee has actively participated in the education and treatment programs and has demonstrated successful compliance with the education and treatment referral. The SAP is required to forward all findings to the DER in a timely manner.

D. Follow-Up Education/Treatment and Testing Plan

The SAP must provide the employee and the DER with recommendations for continuing education and/or treatment, as well as a Follow-Up drug and/or alcohol testing plan. Federal DOT regulations require a minimum of six unannounced observed Follow-Up tests in the first 12 months following the employee's return to safety-sensitive functions. A greater number of observed tests may be required and may be extended for up to 60 months following the resumption of safety-sensitive functions, at the discretion of the SAP. All Federally required Follow-Up tests will be performed under direct observation.

E. Other SAP Related Issues

Even if the testing category stipulates termination of an employee who violates DOT Drug and Alcohol regulations, he/she will be afforded the opportunity to be evaluated by a SAP.

Neither the employee nor the Employer can seek a second SAP evaluation once a qualified SAP has evaluated the employee. If the employee obtains and submits a second evaluation, the Employer cannot rely on it for any purposes under this policy.

PART TWO

MBTA Employees

Section I: MBTA-Mandated Testing

In addition to the federal DOT-mandated testing outlined in Part One, the MBTA, under its own authority, requires the tests contained in this section. Tests will be conducted as non-DOT tests but will be consistent with all the requirements of 49 CFR Part 40, which are available by request from the DER named in Appendix D. All drug tests performed by the MBTA under its own authority will screen for marijuana, cocaine, phencyclidine (PCP), amphetamines, expanded opioids, buprenorphine, benzodiazepines, methadone, barbiturates, methaqualone, and propoxyphene.

Under the MBTA's own authority, when an employee tests positive in violation of this policy, that employee must comply with all provisions of this policy. That employee also cannot work again until successfully completing all return to duty/work requirements as directed by the SAP/EAP and as outlined in this policy, including resolving any discipline.

A. Pre-Employment Testing

*The MBTA, under its own authority, requires that **all** its candidates for employment successfully complete alcohol and controlled substances testing and a pre-employment physical as a condition of employment.*

If a safety-sensitive applicant has previously failed or refused a Pre-employment drug and/or alcohol test, even if the applicant has completed the SAP evaluation and subsequent Return to Duty and Follow-Up testing for any employer, the applicant will be ineligible for employment for 60 months from the date the test was reported by the MRO as a positive result or a refusal to test. If an applicant has not completed the Return to Duty test or his/her required Follow-Up testing program, he/she will be required to pay for the drug and/or alcohol testing as required by his/her SAP evaluation. A non safety-sensitive applicant will be ineligible for employment for 60 months from the date the test was reported by the MRO as a positive result or a refusal to test. The non safety-sensitive applicant will have to provide evidence he/she has undergone substance abuse or alcohol misuse treatment and/or education prior to reapplying for employment. The Employer will conduct all Pre-employment alcohol tests using the alcohol testing procedures set forth in 49 CFR Part 40.

B. Post-Accident Testing

As a continued commitment to safety and under its own authority, the MBTA will require all employees requiring a Post-Accident test to be screened for marijuana, cocaine, phencyclidine (PCP), amphetamines, expanded opioids, benzodiazepines, methadone, barbiturates, buprenorphine, methaqualone, and propoxyphene. This will be a non-DOT test collected in addition to any federally required testing.

The MBTA, under its own authority, will require all employees to submit to Post-Accident drug and alcohol tests and a physical examination under the following conditions:

- 1. Disabling damage to any vehicle, be it a mass transit vehicle such as a bus, electric bus, van or automobile, or a non-revenue vehicle such as a car, truck, excavation machine, etc., or privately owned vehicle;*
- 2. The removal from operation of a mass transit vehicle (rail car, streetcar, trolley bus, bus or vessel) as a result of this occurrence;*
- 3. Noncompliance with a train order, diversion procedure, ATO bypass, door interlock bypass, no motion bypass, brake interlock bypass, track brake cutout, friction brake cut-out procedure or manual release procedure, manual blocking procedure, signal indication, ROW rulebook procedure(s) as they relate to train movement through flag sites, or safety-related special instructions or direction with respect to the movement of a subway vehicle or Light Rail Vehicle;*
- 4. Alignment of a switch in violation of an Authority rule, operation of a switch under a train, unauthorized movement through a switch, movement over a switch that was not properly lined or set for the intended move, or entering a crossover before both switches are lined for movement;*
- 5. Improper vehicle configuration or operation of door controls, including set-up switches, key position, toggles or bypass switch;*
- 6. Speed in excess of 10 miles per hour over the posted or rule governed speed limit;*

7. An accident, regardless of severity, that occurs between two or more Authority vehicles (including non-revenue vehicles);
8. Improper door operation resulting in an unsafe condition determined by the investigating supervisor on duty;
9. Receipt of a citation for a moving violation while operating a transit vehicle;
10. Failure to follow standard driving protocols (e.g., obeying traffic signals or signs, or failing to follow the direction of law enforcement personnel or a company official, etc.);
11. Failure to secure hand brakes as required during periods of traction power outages;
12. Failure to follow MBTA procedures during traction power outages or during traction power restoration;
13. Failure by a person performing a dispatching function, manual block operations, issuance of an order or establishment of a route to provide proper protection for the subway vehicle;
14. Violating established safety protocols governing the performance of repair work on the MBTA's tracks, signals, communications, automatic fare collection, or power systems.

The MBTA, under its own authority, will require all employees to submit to a Post-Accident drug and alcohol test and a physical examination whenever the employee has been involved in any on-duty motor vehicle accident that results in disabling damage to any vehicle or if a moving violation citation is issued.

C. Probable Cause Testing

Under the MBTA's own authority, any employee who demonstrates probable cause suggesting he/she has used a prohibited drug and/or engaged in alcohol misuse shall be subject to alcohol and/or drug testing.

Probable cause is based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. The observations may include indications of chronic use and withdrawal effects of controlled substances. The required observations for Probable Cause testing shall be made by a supervisor or MBTA official who is trained in detection of the symptoms of possible drug use and/or alcohol misuse.

All probable cause evaluations shall be documented using the probable cause checklist. Decisions to administer or not administer the test shall be recorded and submitted to the DER.

Additionally, all employees referred for testing in this category will be required to undergo a physical examination and will not return to work until cleared by OHS.

D. Follow-Up Testing

The MBTA, under its own authority will conduct Follow-Up drug and/or alcohol testing for any employee in accordance with a plan developed by EAP after a non-federal violation of this policy. The Follow-Up testing plan will require a minimum of six tests the first 12 months after the employee returns to work and may be extended at the direction of EAP.

Follow-Up testing performed under company authority will not be performed under direct observation.

E. Return-to-Work Testing

The MBTA, under its own authority requires any safety-sensitive employee that has been absent from work for 32 consecutive calendar days or more to take a Return-to-Work drug and alcohol test. The drug test will screen for marijuana, cocaine, phencyclidine (PCP), amphetamines, expanded opioids, benzodiazepines, buprenorphine, methadone, barbiturates, methaqualone, and propoxyphene. This will be a non-DOT test.

Additionally, any employee returning from a drug or alcohol rehabilitation program arranged by or made known to the MBTA will be required to pass an alcohol and drug test prior to being returned to work. The employee will also be required to meet with EAP to discuss his/her aftercare treatment plan.

Section II: MBTA Enforcement of Policy Through Discipline

In addition to the federal DOT requirements outlined in Part One of this policy, the MBTA, under its own authority, shall also impose the discipline contained in this section.

A. Failing an Alcohol Test

Any alcohol test result that is 0.02 or higher will be considered a positive test result. Employees that have an alcohol test result of 0.02 or greater, but less than 0.04 will be referred to EAP for an evaluation, any alcohol test results of 0.04 or greater will be referred for a Substance Abuse Professional (SAP) evaluation. The employee will be removed from job duties (both safety-sensitive and non safety-sensitive) and referred back to his/her supervisor for appropriate disciplinary action. Any employee that produces an alcohol test result of 0.02 or higher will be required to secure a ride home or be provided transportation. They will not be allowed to leave the property unaccompanied to ensure they arrive home safely.

B. Failing a Pre-Employment (Applicant) Test

*Any applicant who fails or refuses a Pre-employment alcohol or drug test shall be disqualified from further consideration for employment by the MBTA for at least 60 months from the date the test was reported by the MRO as a positive result or a refusal to test. A safety-sensitive applicant must complete all requirements of 49 CFR Part 40, Subpart O prior to reconsideration for employment. **As required by 49 CFR part 40.287 the MBTA will provide each applicant who violates a DOT drug and alcohol regulation a listing of SAPs.** A non safety-sensitive employee must document completion of a drug and alcohol treatment program prior to reconsideration for employment.*

C. Failing a Pre-Employment (Transfer) Test

Any MBTA employee transferring into a safety-sensitive position who fails the DOT-mandated Pre-employment test will be:

- 1. Disciplined pursuant to this policy and required to comply with any and all treatment requirement;*
- 2. Denied the position; and*
- 3. Disqualified for a period of 24 months from consideration for any safety-sensitive position.*

As required by 49 CFR part 40.287 the MBTA will provide each applicant who violates a DOT drug and alcohol regulation a listing of SAPs. *Employees will also be required to pay for any additional drug and alcohol testing that is required via the SAP evaluation and return to duty process.*

D. Positive Drug or Alcohol Test: First Offense

Except as noted in the "Positive Drug and/or Alcohol Test: Termination" subsection below, any MBTA employee who has a confirmed positive test on a first offense for the use of alcohol or controlled substances in violation of this policy, shall be suspended for a minimum of 40 working days without pay and shall also comply with the following:

- 1. The employee must contact EAP, participate in a SAP or EAP evaluation and sign a treatment plan within three business days from the date of his/her suspension;*
- 2. The employee must fully participate in the recommended treatment plan and shall be subject to, and must pass, a minimum of three unannounced monitoring tests for alcohol and/or controlled substances while suspended;*
- 3. The employee may be recommended by the SAP or EAP to return to duty/work. The employee must pass a Return-to-Duty/Work test and a physical examination;*

4. *The employee will be required to continue to participate in a substance abuse prevention program outlined by the SAP or EAP;*
5. *The employee must pass periodic unannounced alcohol and drug tests as recommended by the SAP/EAP (observed testing requirements will be followed when required);*
6. *Employees are required to pay for any treatment recommended by the SAP/EAP that is not covered by his/her health insurance plan.*

E. Positive Drug and/or Alcohol Test: Termination

The following MBTA employees shall be terminated:

1. *Any employee who refuses to submit to a required test pursuant to this policy;*
3. *Any employee who tests positive on a Post-Accident alcohol or controlled substance test;*
4. *Any employee who tests positive a second time for the use of alcohol or controlled substances in violation of this policy;*
5. *Any employee who tests positive for the use of alcohol or controlled substances in violation of this policy and who is at the final step of progressive discipline for any reason;*
6. *Any employee who does not comply with the requirements outlined above in the "Positive Drug or Alcohol Test-First Offense" subsection;*
7. *Any probationary employee who tests positive for the use of alcohol or controlled substances in violation of this policy;*
8. *Any safety-sensitive employee who, while performing a safety-sensitive function, tests positive for the use of alcohol or controlled substances under the Reasonable Suspicion testing category.*

Any safety-sensitive employee who, prior to the start of his/her shift, fails to obtain medical clearance from OHS for the use of Rx, OTC medications or alternative supplements (such as "natural or herbal remedies") shall be subject to discipline up to and including discharge.

F. Supervisory Discipline/Termination

Any MBTA manager or supervisor who observes an employee's behavior or physical characteristics sufficient to warrant reasonable suspicion testing under Title 49 Part 655.43 or probable cause testing for non-DOT employees and fails to send that employee to be tested, shall be subject to discipline up to and including termination. Nothing in this section shall be construed to require the delay of necessary medical attention for injured employees following an accident.

Any MBTA manager or supervisor who fails to comply with any provision of this policy shall be disciplined up to and including termination.

Section III: MBTA Employee Assistance Program

A. Overview

Consistent with the MBTA's goals to promote safety in both the individual employee and the organization as a whole, the MBTA offers as a benefit the services of our Employee Assistance Program (EAP). Counseling and recovery assistance is offered to all full-time and part-time MBTA employees through EAP. The EAP also is responsible for providing Substance Abuse Professional (SAP) evaluations as mandated by the FTA outlined in 49 CFR Part 40 Subpart O. The EAP also provides support for managers to increase his/her effectiveness.

Employees are welcome to utilize these services throughout their careers, unless involved in a crisis situation; employees are required to schedule all EAP appointments during his/her non-working hours.

Consent to drug and alcohol testing is a precondition to admittance to EAP whether an employee is a voluntary or mandatory referral. Drug and/or alcohol monitoring tests may be required at any time during the EAP evaluation or treatment process when the EAP representative in his or her considered clinical judgment determines it appropriate based upon the circumstances of a particular case. In the case of a voluntary self-referral (initiated by the employee not in the context of a disciplinary action), a single positive result for a monitor ordered under these circumstances will not be used as grounds for disciplinary action, but the employee will be removed from duty until cleared by EAP and OHS.

Any employee who is evaluated by EAP and is determined to be unfit for duty and who then opts not to participate in a treatment program will be advised by EAP that he/she cannot return to his/her position until cleared by the OHS Medical Director. Clearance by the Medical Director may involve a drug/alcohol test.

B. Referral Process

There are two ways to begin participating at the EAP: (1) voluntary self-referral or (2) mandatory referral.

1. Voluntary Referrals

Voluntary self-referral is preferred by the MBTA as a means to resolve work related issues.

An employee can be referred to EAP by supervisors or union representatives and still be considered a self-referral if he/she has not incurred discipline mandating them to the EAP.

Supervisors and managers are strongly encouraged to refer any employee to the EAP who demonstrates job performance problems such as excessive absences, tardiness and overall poor work performance in an attempt to resolve the issues before he/she incurs discipline.

Any employee, who requests services prior to an incident or discipline, can obtain confidential assistance for his/her problem. The voluntary participation at EAP by employees who do not make every attempt to address his/her problem(s) may experience work related issues as a result. EAP participation is not a protection from discipline or a means to avoid discipline.

Voluntary self-referring employees who are removed from duty by EAP and are non-compliant with EAP treatment plans/recommendations will be referred to the OHS Medical Director for further evaluation prior to being medically cleared returned to work.

(a) Voluntary Services (excluding employee substance abuse)

Voluntary services include: referrals, brief, solution focused, counseling (three to five sessions) at EAP provided by Licensed Professionals. In order for employees to be safe, efficient and productive, they must be physically and mentally healthy. Employees are encouraged to seek counseling for issues such as, but not limited to:

<i>Depression</i>	<i>Financial issues</i>	<i>Stress (familial or in the workplace)</i>	<i>Gambling</i>
<i>Domestic Violence</i>	<i>Work/Life Balance</i>	<i>Family Substance Abuse Issues</i>	<i>Grief</i>
<i>Marital problems</i>	<i>Personal Health Issues</i>	<i>Trauma (critical incidents at work or home)</i>	<i>Anxiety</i>

(b) Voluntary Employee Substance Abuse Services

Voluntary self-referral for substance abuse issues is preferred by the MBTA as a means to resolve drug and/or alcohol problems. Any employee, who self-identifies prior to any incident or discipline, can obtain confidential assistance for his/her problem. Self referring employees will be required to make a treatment plan with EAP. Employees self-referring will be subjected to monitoring drug and alcohol tests. Employees will be required to produce a negative drug/alcohol test prior to being returned to work.

Based upon the reason for referral and the EAP assessment, employees referred to or who voluntarily seek services at EAP and are determined to have a substance abuse/alcohol problem, may be removed from their positions. These employees must complete an EAP referral for services. Employees must be cleared by EAP and OHS to return to work, including the necessary drug and alcohol testing.

2. Mandatory Referrals

Under the following circumstances, an employee will be **required** to seek services through EAP: An employee must contact EAP to schedule an intake appointment within 72 hours of receiving the discipline requiring EAP services, a referral from the OHS medical clinic, a RTWA, or an OUI arrest. Failure to contact EAP for an intake appointment will result in discipline up to and including discharge. Wherever possible, the EAP intake appointment should be scheduled during the issuance of a suspension, the medical clinic appointment, during the signing of a RTWA, or the notice of an OUI arrest. All mandated EAP appointments are required to be scheduled during an employee's non-working hours.

(a) Referral After a Positive Drug/Alcohol Test

The MRO (or designee) will notify the DER by telephone and in writing, when an employee has had a verified positive drug/alcohol test. The employee will be removed from duty and directed to the Area for discipline. During the disciplinary process the supervisor will refer the employee to EAP for either a mandatory SAP (see Part I of this policy) or EAP evaluation. The employee must report to EAP within 72 hours from the supervisor's referral, to determine what assistance is needed by the employee to resolve problems associated with prohibited drug/alcohol misuse. Employees must participate fully in a service plan established by EAP during the entire time of their suspension or other pending discipline. In some cases, employees may be held out of work up to an additional six months if they require further treatment.

Employees who test positive on a Random, Reasonable Suspicion, Probable Cause, Post Accident, Return-to-Duty/Work or Follow-Up test who are issued a 70-day suspension pending discharge will be provided the opportunity for an evaluation by a SAP and advised they may participate at EAP until they are either returned to work or discharged from the MBTA. Participation at EAP in this category does not in any way guarantee that they will be reinstated. Upon termination, employees will be referred to an outside treatment agency if appropriate or if requested by the employee.

(b) Referral After an Off-Duty Operating Under the Influence (OUI) Offense

The MBTA, under its own authority, requires all employees whose positions require a valid driver's license and who are arrested for an off-duty OUI to report the arrest to his/her supervisor within 72 hours.

Additionally, employees are required to report to the EAP for evaluation, treatment and referral within 72 hours of having their license revoked. They will be required to participate in an education/treatment program recommended by EAP. Every effort will be made to refer the employee to an education/treatment program covered by his/her health insurance. However, the Employer will not be responsible for any cost incurred for the EAP evaluation and any subsequent education and treatment. EAP participation will not fulfill or stand in lieu of any court ordered treatment.

Employees charged with an off-duty OUI will not be returned to work until their **unrestricted** license is fully restored. Such Employees will not be considered to be returned to work in any capacity, until demonstrating successful compliance with EAP recommendations and are cleared for duty by EAP and OHS.

(c) Referral After Receiving Discipline Mandating EAP Services

Under the MBTA's own authority, employees in this category will be ordered to EAP by a supervisor or manager as part of the discipline. Supervisors shall notify EAP of any five and/or ten day suspensions at the time the suspension is issued. Whenever possible, EAP shall be contacted during the issuance of discipline to facilitate the scheduling of the mandatory EAP counseling. All employees referred under this category will be required to attend a minimum of two EAP sessions, although further treatment may be required. EAP will notify Area Supervisors in writing when employees have completed the mandatory participation. In most situations, the employee will resume their duties while participating in a service plan established by EAP.

Any safety-sensitive employee who is evaluated by EAP to be unfit for duty due to a substance abuse problem regardless of the reason for the five or ten day suspension and who opts not to participate in a treatment program will be advised by EAP that he/she cannot return to his/her position until cleared by OHS. Clearance by OHS will involve a drug/alcohol test.

If an employee fails to begin participation at EAP within 72 hours of receiving the discipline or refuses a drug/alcohol clearance test he/she will be referred to his/her supervisor for discipline up to and including discharge. The supervisor will be notified in writing.

(d) Referral by a Labor Agreement or Compromised Settlement Agreement

Employees in this category will be required to participate in EAP. Labor Relations shall notify EAP of Return to Work Agreements/Compromised Settlement Agreements that require EAP participation at the time the agreement is being executed. All employees referred under this category will be required to sign and comply with a service plan developed by EAP as determined by the Program Manager. EAP will notify Labor Relations and Area Supervisors in writing of the employee's progress, compliance and completion.

In most situations, the employee will continue to work in his/her position while participating in a service plan established by EAP.

(e) Referral by the Medical Clinic for EAP Participation as Directed

Any employee can be required to participate in EAP via a referral from the Medical Director for assessment and/or ongoing services. Employees in this category will be required to sign a service plan at EAP reflecting the stipulations outlined by the Medical Director. The Medical Director will be notified in writing of the employee's progress and compliance. Failure to comply with the EAP service plan will result in notification to the Medical Director for appropriate action up to and including disqualification from all work until compliant with the EAP service plan.

Employees who refuse or fail to participate in a mandatory referral to EAP will be subject to disciplinary action up to and including discharge. As appropriate, Labor Relations, Area Supervisors and OHS will be notified in writing of non-compliance.

C. Confidentiality and Records

EAP staff will make every effort to carry out all actions relative to this policy in a manner that respects the dignity and confidentiality of those involved. EAP records are regarded as confidential. Individual records may not be released to any other party or parties absent a specific written authorization by the employee to release the records, except as follows:

- 1. In cases where an employee has chosen to make his/her substance abuse evaluation, education or treatment recommendations or EAP participation an issue in any claim against the MBTA, the employee understands that he/she waives his/her right to confidentiality.*
- 2. The employee threatens to harm themselves or others;*
- 3. The employee reports child/elder abuse;*
- 4. A court of competent jurisdiction determines that the EAP records are relevant to the case and issues an order directing the MBTA to produce the information. The information is to be released to the decision-maker in the proceedings with a binding stipulation that the decision-maker to whom it is released will make it available only to parties to the proceedings. The MBTA must immediately notify the employee of any information so released;*
- 5. The employee makes a claim against the Authority that produces questions regarding services that were provided by the Employee Assistance Program.*

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Appendix A

Regulatory Authority

Department of Transportation	Title 49 Transportation Part 40 Procedures for Transportation Workplace Drug and Alcohol Testing Programs	49 CFR Part 40
Federal Aviation Administration	Title 14 Aeronautics and Space Part 120	14 CFR Part 120
Federal Motor Carrier Safety Administration	Title 49 Transportation Part 382 Controlled Substances and Alcohol Use and Testing	49 CFR Part 382
Federal Transit Administration	Title 49 Transportation Part 655 Prevention of Alcohol Misuse and Prohibited Drugs in Transit Operations	49 CFR Part 655
Federal Railroad Administration	Title 49 Transportation Part 219 Control of Alcohol and Drug Use	49 CFR Part 219
Pipeline & Hazardous Materials Safety Administration	Title 49 Transportation Part 199 Drug and Alcohol Testing	49 CFR Part 199
United States Coast Guard	Title 46 Shipping Part 16 Chemical Testing Title 46 Shipping Part 4 Marine Casualties and Investigations	46 CFR Part 16 46 CFR Part 4

Appendix B
Random Testing Rates by Agency

DOT Agency	Random Drug Testing Rate	Random Alcohol Testing Rate
Federal Aviation Administration	25%	10%
Federal Motor Carrier Safety Administration	25%	10%
Federal Railroad Administration (Covered Service)	25%	10%
Federal Railroad Administration (Maintenance of Way)	50%	25%
Federal Transit Administration	50%	10%
Pipeline & Hazardous Materials Safety Administration	50%	N/A
United States Coast Guard <i>(now with the Dept. of Homeland Security)</i>	50%	N/A

APPENDIX C
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

F	Carries a firearm for security purposes
O	Operates a revenue service vehicle, even when not in service
M	Performs repair or maintenance of revenue service vehicles
C	Controls the movement of revenue service vehicles
S	Supervises and performs a safety-sensitive function (Includes inspection and approval of maintenance)
L	Operates a vehicle requiring a Commercial Driver's License (CDL)

APPENDIX C
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
226300	Acting Chief Of Police	EXE	F	096800	Carpenter,SPP	UNA	M
230800	Acting Dir Ops Support	EXE	SMC	202200	Chief Engineering & Const	EXE	SC
311400	Acting General Manager	EXE	SC	233400	Chief Mechanical Officer	EXE	SOCM
524800	Administrator,Comm Network	L453	MC	225800	Chief Of Police	EXE	F
524300	Administrator,Comm Systm	L453	MC	202400	Chief Operating Officer	EXE	SMC
524500	Administrator,OCC System	L453	SC	221300	Chief Safety Officer	EXE	SOC
067800	Agent,Revenue Collection	L589	OFL	222100	Chief Trans Off	EXE	SOC
033500	Agent,Sr Revenue Coll	ALL	OFL	009000	Cleaner, Car	L589	OM
201500	AGM Design & Const	EXE	S	010100	Cleaner, Car	L589	OM
218900	AGM Engineering & Maintenance	EXE	SM	037900	Cleaner, Car	L589	OM
856500	Asst Dir Rail Safety	EXE	SC	038900	Cleaner, Car	L589	OM
217500	Asst Dir Safety-Const/Eng	EXE	S	816400	Comm Systems Engineering Lead	STW	SMC
217400	Asst Dir Safety-Ops	EXE	SC	047000	Coord,Planning&Scheduling	ALL	SMC
217600	Asst Dir Signals & Comm	EXE	SM	735000	Coord, Rail Safety	L453	S
237300	Asst Dir Training	EXE	SO	511000	Coord, Special Project	L453	S
202000	AGM for Safety	EXE	SC	220000	Dir Bus Maintenance	EXE	SMCL
812600	Asst Mgr Project	STW	S	200900	Dir Bus Operations	EXE	SOC
814400	Asst Mgr Quality Assurnce	STW	S	224800	Dir Bus Ops & Engineering	EXE	SM
815000	Asst Mgr Trk&Strct Design	STW	S	246900	Dir Const Logistics-Operations	EXE	SM
815600	Asst Mgr,Proj - QA	STW	S	204200	Dir Construction	EXE	SM
284100	Asst Supt BldgStaMte-Nght	EXE	SM	210100	Dir Constructn-Greenbush	EXE	SM
284000	Asst Supt NgtWknd Mtc-Bus	EXE	SC	218700	Dir Des&Const SilverLine	EXE	SM
284300	Asst Supt NgtWknd Ops-Bus	EXE	SC	205200	Dir Design	TEA	SM
284400	Asst Supt NgtWknd Ops-RTL	EXE	SOC	242700	Dir Design & Const	TEA	SM
284600	Asst Supt NgtWknd Ops-SL	EXE	SOC	243600	Dir E&M Training	EXE	SM
284700	Asst Supt Transm&Dist-Nght	EXE	SM	231500	Dir Engineering and Design	EXE	SM
450200	Asst Supv Bldg. & Sta-Nght	L453	SM	247400	Dir Everett	EXE	SM
450800	Asst Supv Electrical Mtce	L453	SM	232100	Dir Heavy Rail Lines	EXE	SC
451600	Asst Supv Mechanical Mtce	L453	SM	233200	Dir Heavy Rail Mtce	EXE	SM
712700	Asst Supv Pwr Sys & Equip	L453	SM	232300	Dir Light Rail Lines	EXE	SOC
000500	Attendant, P-T Train	L589	O	233300	Dir Light Rail Mtce	EXE	SM
000400	Attendant, Train	L589	O	242400	Dir Mtce Railroad Ops	EXE	SM
006400	Attendant, Train Physdq Op	L589	O	227300	Dir OCC & Training	EXE	SOC
006900	Bridgeperson	BCT	M	205900	Dir Operations Support	EXE	SMC
096700	Bridgeperson, SPP	UNA	M	231100	Dir Ops Control Center	EXE	SOC
008000	Cableperson	L104	SM	240500	Dir Physical Infra Maintenance	EXE	SM
226900	Captain	CLT	F	259200	Dir Power Systems Mtce	EXE	SM
084700	Captain, Police	CLT	F	243200	Dir QA & QC	TEA	SM
010000	Carpenter	BCT	M	250500	Dir Quality Assurance	EXE	SM

APPENDIX C (continued)
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
207800	Dir Railroad Operations	EXE	SC	222400	Dpty Chief Operating Off	EXE	SC
222500	Dir Right Of Way Maintenance	EXE	SM	251000	Dpty Dir Transportation Safety	EXE	SC
208100	Dir Safety	EXE	SC	226200	Dpty Chief Police	EXE	F
246800	Dir Sig & Comm - PTC	EXE	SM	225900	Dpty Chief Supt - Police	EXE	F
208600	Dir Special Operations	EXE	S	226000	Dpty Chief/Major	EXE	F
203300	Dir Subway Operations	EXE	SC	243800	Dpty Dir Bldg. Mtce	EXE	SM
241500	Dir Signals & Communications	EXE	SM	283100	Dpty Dir Bus Maintenance	EXE	SMC
229600	Dir Systemwide Modrn	EXE	SM	234300	Dpty Dir Bus Ops	EXE	SOC
201700	Dir Systemwide Mtc&Improv	EXE	SM	237000	Dpty Dir Comm SMI	EXE	SM
244700	Dir Trans & Cust Serv RRO & WT	EXE	SM	214200	Dpty Dir Const-Greenbush	EXE	SM
208500	Dir Transitional Ops	EXE	SOC	209000	Dpty Dir Construction	EXE	SM
203700	Dir Vehicle Engineering	EXE	SM	209400	Dpty Dir Design	EXE	SM
243500	Dir,Sr Design & ConstGreenLine	EXE	SM	209700	Dpty Dir Design & Const	EXE	SM
251400	Dir,Sr Engineering & Design	EXE	SM	209500	Dpty Dir Dsgn&Const-Contr	EXE	SM
241700	Dir,Sr Engineering & Mtce	EXE	SM	243900	Dpty Dir Elec & Struct Mtce	EXE	SM
237200	Dir,Sr Rail & Water Trans	EXE	SMC	234200	Dpty Dir Everett	EXE	SM
232000	Dir,Sr Veh Eng & QA	EXE	SM	238700	Dpty Dir Heavy Rail Mtce	EXE	SM
250400	Dir,Sr Vehicle Maintenance	EXE	SM	232600	Dpty Dir Light Rail Mtce	EXE	SM
018300	Dispatcher	ALL	C	243000	Dpty Dir Mech & Enviro Mtce	EXE	SM
018200	Dispatcher, OCC	ALL	C	234400	Dpty Dir MOW	EXE	SM
018400	Dispatcher, Power	ALL	CM	240900	Dpty Dir Mtce Railroad Ops	TEA	SM
019700	Dispatcher,Sr Equipment	ALL	SCM	210700	Dpty Dir New Bus Tech	EXE	SM
023500	Dispatcher, Surface Lines	L589	C	283500	Dpty Dir OCC & Training	EXE	SC
223500	Div Chief - Admin	EXE	SOC	231200	Dpty Dir OCC & Training	EXE	SC
227900	Div Chief - Maint	EXE	SM	216700	Dpty Dir Opers Support	EXE	SM
221400	Div Chief Green Line	EXE	SOC	211500	Dpty Dir Ops Lifesaver	EXE	S
220600	Div Chief Mech - Bus	EXE	SOCL	213400	Dpty Dir Police-Comm	EXE	F
221500	Div Chief Mech - Subway	EXE	SOC	233500	Dpty Dir Power	EXE	SMC
220900	Div Chief Ops Support	EXE	SM	211300	Dpty Dir QA & QC	EXE	SM
224100	Div Chief Plan/Serv DLVRY	EXE	SC	283700	Dpty Dir Quality Assurance E&M	EXE	SM
221100	Div Chief Rapid Transit	EXE	SC	212200	Dpty Dir Rail Prog	EXE	SC
236700	Div Chief Signal Systems	EXE	SMC	212600	Dpty Dir Railroad Ops	TEA	SC
217000	Div Chief -Training	EXE	SOC	209800	Dpty Dir Safety	EXE	SC
208000	Div Chief Training & OCC	EXE	SOC	373100	Dpty Dir Safety Oversight	EXE	SC
221700	Div Chief Trans - Bus	EXE	SOC	212700	Dpty Dir Sig & Comm	EXE	SM
223000	Div Chief-SilverLine	EXE	SOC	215400	Dpty Dir Sig Improvement	EXE	SM
203200	Dpty Chief Op Off/Dir Sub	EXE	SC	234500	Dpty Dir Sub Ops	EXE	SC
217300	Dpty Chief Op Offr-Admin	EXE	S	373200	Dpty Dir System Safety & Eng	EXE	SC

APPENDIX C (continued)
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
232900	Dpty Dir Transportation	EXE	SOC	028600	Foreperson, Iron Worker	ALL	SM
233800	Dpty Dir Transportation	EXE	SOC	034400	Foreperson, Laborer	ALL	SM
251000	Dpty Dir Transportation Safety	EXE	SC	029800	Foreperson, Line	L104	SML
213000	Dpty Dir Vehicle Eng	EXE	SM	030000	Foreperson, Machinist	ALL	SM
224200	Dpty Div Chief Admin -Bus	EXE	SOC	028000	Foreperson, MOW Division	ALL	SML
227200	Dpty Div Chief Admin-SMI	EXE	SM	030500	Foreperson, Nght Crew Mtce	ALL	SM
226600	Dpty Div Chief Admin-Sub	EXE	SOC	027400	Foreperson, Operations	ALL	SM
221800	Dpty Div Chief GrnLineMtc	EXE	SM	032400	Foreperson, Pipefitter	ALL	SM
227600	Dpty Div Chief Maintenance	EXE	SM	034900	Foreperson, Repair	ALL	SM
223900	Dpty Div Chief OCC&Traing	EXE	SOC	031800	Foreperson, Section	ALL	SM
223800	Dpty Div Chief Pln&SrvDlv	EXE	SC	027900	Foreperson, Sheet Metal	ALL	SM
218100	Dpty Gen Mgr/Syswid Modrn	EXE	SMC	033300	Foreperson, Shop - Elec	ALL	SM
220200	Dpty Sec Chief E&M - RRO	TEA	SM	033200	Foreperson, Shop - Mech	ALL	SM
222900	Dpty Sec Chief Mech Off	EXE	SM	033800	Foreperson, Sub -Carpenter	ALL	SM
224300	Dpty Div Chief Trans -Bus	EXE	SOC	035600	Foreperson, Sub-Pipefitter	ALL	SM
039200	Driver,Groundperson	L104	L	035800	Foreperson,Sub-SheetMetal	ALL	SM
039400	Driver, SPP Groundperson	UNA	L	031900	Foreperson, Welding	ALL	SM
039300	Driver,Temp Groundperson	UNA	L	032600	Foreperson, Wireperson	ALL	SM
018900	Driver, Truck	L589	L	032900	Foreperson, Yard Mtce	ALL	SOC
018600	Driver, Truck & Tractor	L589	L	067200	Fueler	L264	OML
020000	Engineer	L105	M	200000	General Manager	EXE	SC
518200	Engineer, Area	L453	M	024700	Helper 3rd Cl,Elec Worker	L717	M
021400	Engineer,B&T Hoist	BCT	LM	043500	Helper, Cable Splicer	BCT	M
518500	Engineer, Material Testing	L453	SM	044000	Helper, General	L589	LM
522000	Engineer, Resident	L453	SM	044100	Helper, General	L589	LM
097400	Engineer, SPP B&T Hoist	UNA	LM	047600	Insp,Misc Elec Equipment	ALL	SM
024900	Fireperson, Heating Plant	L003	M	047400	Insp,Sig & Interlocking	ALL	SM
025000	Fireperson, Heating Plant SPP	L003	M	024200	Inspector	L105	S
048000	Flagperson	L589	C	075000	Inspector	L600	SOC
030100	Foreperson, Asst-Machinist	ALL	SM	007000	Inspector, Bridgeperson	BCT	SM
026400	Foreperson, Auto Mtce	ALL	SOM	075100	Inspector, Bus	L600	SOCL
026300	Foreperson, Automotive	ALL	SOML	048400	Inspector, Chief - Bridge	ALL	SM
025500	Foreperson, Body Shop	ALL	SM	047500	Inspector, Chief - RTL	L600	SOC
028500	Foreperson, Bridge	ALL	SM	048800	Inspector, Chief	L600	SOCL
028900	Foreperson, Carpenter	ALL	SM	024500	Inspector, Construction	L105	S
027300	Foreperson,Crhse-Rvrside	ALL	SOM	538200	Inspector, Safety	L453	SOC
029000	Foreperson, Electrical	ALL	SM	538300	Inspector, Senior Safety	L453	SO
029700	Foreperson,Gen-RTL Road	ALL	SM	077100	Inspector, Spare Bus	L589	SOCL
026900	Foreperson, Inspector	ALL	SM	047800	Inspector, Spare Chief -SL	L600	SOC

APPENDIX C (continued)
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
046500	Inspector, Spare Chief-RTL	L600	SOC	852800	Mgr Proj - Subway	STW	S
049200	Instructor	ALL	SOCL	745500	Mgr Proj - Track	L453	SMC
079800	Instructor, Equipment	ALL	SMCL	854000	Mgr Proj - Track	STW	SMC
049300	Instructor, Maintenance	ALL	SOML	855300	Mgr Proj - Transm & Distrib	STW	SM
049400	Instructor, MOW	ALL	SML	822500	Mgr Project Design	STW	S
079700	Instructor, Signal	ALL	SM	744100	Mgr P-T Track Eng	L453	SM
053200	Laborer, Building	BCT	M	855800	Mgr QA - Construction	STW	S
096600	Laborer, SPP	UNA	M	856500	Mgr Rail Safety		SC
054000	Laborer, Track	L589	M	858800	Mgr Station Support Sys	STW	SM
060400	LD-Cleaner, Car	L589	MO	747100	Mgr Training MOW - SMI	L453	SM
060900	LD-Flag person	L589	C	747300	Mgr Trans Cust Serv & Sys	L453	SM
061000	LD-Helper, General	L589	LM	747500	Mgr Trans System	L453	SMC
227000	Lieutenant	CLT	F	234100	Mgr,Sr Engineer Transit Fac	EXE	SM
084400	Lieutenant, Police	CLT	F	257600	Mgr,Sr Engineering MOW	EXE	SM
057000	Machinist	L264	LM	234700	Mgr,Sr Engineering Power	EXE	SM
067400	Machinist	L264	LM	860600	Mgr,Sr Proj	STW	S
067600	Machinist (Grandfathered11/08)	L264	M	237800	Mgr,Sr Proj - Radio	EXE	SMC
067500	Machinist,3rd CI Repairer	L264	M	235800	Mgr,Sr Proj - ROW Impr	EXE	SM
057100	Machinist, Automotive	L264	M	866700	Mgr,Sr Proj - Track	STW	SMC
057300	Machinist, Specialist	L264	M	257400	Mgr,Sr Project-SMI	TEA	SC
057400	Machinist,Temp	L264	M	866000	Mgr,Sr Proj-Powr Sys Impr	STW	SM
056100	Machinist,Temp Automotive	L264	M	866600	Mgr,Sr Proj-Sig&Comm Impr	STW	SMC
019500	Maintainer, Auto Sub Sta	L104	M	235500	Mgr,Sr Proj-Sig&Comm Mtce	EXE	SMC
099100	Master, Spare Yard - RTL	ALL	SOC	868000	Mgr,Sr Tech Proj - SL Veh	STW	SM
099000	Master, Yard - RTL	ALL	SOC	867800	Mgr,Sr Technical Project	STW	SM
040400	MD-Cleaner, Car	L589	M	746200	Mgr,Technical Project	L453	SM
040900	MD-Flagperson	L589	C	749500	Monitor,Const Safety	L453	SMC
041000	MD-Helper, General	L589	L	540200	Monitor, Field - RR Prop	L453	SC
821900	MGR Design	STW	SM	000200	Motorperson,P-T	L589	O
857400	Mgr Emergency Mngmt & Training	STW	S	000300	Motorperson,Rapid Transit	L589	O
822400	Mgr of Engineering	STW	SM	000600	Motorperson,RTL Yard	L589	O
742900	Mgr Maintenance Systems	L453	SM	000700	Motorperson,P-T RTL Yard	L589	O
254400	Mgr Operations - Bus	EXE	SOCL	000800	Motorperson,Streetcar	L589	O
743500	Mgr Operations - Bus	L453	SOCL	000900	Motorperson,P-T Streetcar	L589	O
830000	Mgr Pass Veh & ROW Safety	STW	SC	750700	Off, Rolling Stock Mtce	L453	SM
834800	Mgr Proj - Construction	STW	S	752100	Officer, Eng - Bridges&Culverts	L453	SM
849200	Mgr Proj - Coordination	STW	S	752300	Officer, Eng - Comm & Sig	L453	SM
851000	Mgr Proj - Qlty Assurance	STW	S	752400	Officer, Eng - Track & ROW	L453	SM
851600	Mgr Proj - SMI	STW	S	752200	Officer, Engineering	L453	SM

APPENDIX C (continued)
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
301300	Officer,OCC Information	EXE	C	471200	Spec, System Safety	L453	SOC
301400	Officer, Operations Information	TEA	C	095400	Splicer, Cable - B	BCT	M
064400	Officer, Police	POL	F	078200	Starter,Temp Train	ALL	SOC
078000	Oper, Special Equipment	L104	L	075200	Starter, Train	ALL	SOC
052900	Operator, Equipment	L589	LM	276400	Supt Bldg. & Station Mtce	TEA	SM
001100	Operator,P-T Surface	L589	LO	280400	Supt Bus Control Center	EXE	SC
000100	Operator, Surface	L589	LO	276600	Supt Cleaning & Mtce Sys	TEA	SM
065300	Pipefitter	BCT	M	277100	Supt Comm & Signals - RRO	EXE	SM
096500	Pipefitter, SPP	UNA	M	277000	Supt Elec & Mech Mtce	TEA	SM
753200	Planner, Bus Mtce Prod	L453	SM	277700	Supt Engineering Support	TEA	SM
055300	Repairer, Head Line	L104	SM	278400	Supt Everett Shops Mtce	EXE	SM
055000	Repairer, Line - 1st Class	L104	M	281400	Supt Heavy Rail Mtce	EXE	SM
055100	Repairer, Line - 2nd Class	L104	M	277800	Supt Inspection	EXE	SC
069200	Repairer, Rail	L589	M	281100	Supt Light Rail Mtce	EXE	SM
055400	Repairer, SPP Head Line	UNA	SML	278100	Supt Light Rail Trans Mtc	EXE	SM
054900	Repairer, SPP Line 1st Cl	UNA	M	278500	Supt Maintenance Of Way	TEA	SML
051900	Repairer, System	L589	M	278300	Supt Mtce - Bus	TEA	SM
225600	Sec Chief - MOW	EXE	SM	278600	Supt Mtce - Rapid Transit	TEA	SM
225400	Sec Chief Bus Garage	TEA	SM	278700	Supt Mtce - Surface Lines	EXE	SM
225000	Sec Chief Elec Veh Tech	TEA	SM	278900	Supt Non Revenue Vehicles	EXE	SML
218600	Sec Chief Eng & Mtce -RRO	TEA	SM	279100	Supt Ops Control Center	EXE	SC
225100	Sec Chief Equip Eng&QA	EXE	SM	276500	Supt Plan/Serv DLVRY -Bus	EXE	SO
204700	Sec Chief Everett Shops	EXE	SM	280800	Supt Power	TEA	SM
225300	Sec Chief Evrtt&NonRevFac	EXE	SM	279400	Supt Power Systems &Equip	TEA	SM
225400	Sec Chief Maintenance	TEA	SM	279800	Supt Road Control	EXE	SOC
220400	Sec Chief Mech - RRO	TEA	SM	280900	Supt Signal Maintenance	EXE	SM
218400	Sec Chief OCC & Trng	EXE	SC	304100	Supt Sys Engineering	EXE	SM
218500	Sec Chief Plan/Const/Fac	EXE	S	281500	Supt Systems Service	EXE	SM
204600	Sec Chief Subway Eng & QA	EXE	SM	280500	Supt Training	TEA	SO
221900	Sec Chief Trans - RRO	TEA	SC	282300	Supt Training Mtce - Bus	TEA	SOL
234200	Sec Chief-Maint	EXE	SM	282200	Supt Training – Subway	TEA	SOC
074400	Sergeant	SGT	F	282500	Supt Trans - Bus	TEA	SOC
009500	Shifter, Car	L589	O	275900	Supt Trans & Mtce Sys	EXE	SMC
006700	Shifter,P-T Car	L589	O	281600	Supt Trans / Const	EXE	SO
023700	Spare Dispatcher, OCC	L589	C	281900	Supt Trans -Rapid Transit	TEA	SOC
023600	Spare Dispatcher,SL	L589	C	282000	Supt Trans -Surface Lines	TEA	SOC
077000	Spare Inspector	L589	SOC	281800	Supt Transmission & Dist	EXE	SM
085300	Spare Towerperson	L589	C	281000	Supt Yards Railshop & Out Crew	TEA	SOM
756500	Spec, Safety Training	L453	SC	760000	Supv Auto Body Repair	L453	SM

APPENDIX C (continued)
Safety-Sensitive Job Classifications (All Modes) and Reason Codes

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
760500	Supv Bldg. Sta Mtce-Nights	L453	SMC				
286300	Supv Bldg. Sta Mtce-Nights	EXE	SM	767600	Supv Repair Shop-EMR Rail	L453	SM
760100	Supv Bldg. Station Mtce	L453	SM	424100	Supv Revenue Maint	L453	SM
870800	Supv Bldg. Station Mtce	STW	SM	292500	Supv Road Control	EXE	SOC
430600	Supv Bridge Struct Mtce	L453	SM	770600	Supv Serv Delv Silverline	L453	SCOL
760400	Supv Bus Control Center	L453	SC	769300	Supv Shops Maintenance	L453	SM
432200	Supv Car Barn Maintenance	L453	SM	442200	Supv Signal Maintenance	L453	SM
433200	Supv ChfRules Examnr Trng	L453	SOC	442100	Supv Signal & OCC Systems	L453	SMC
433400	Supv Communications	L453	SM	769600	Supv Sta Supp Sys	L453	SM
759900	Supv Component Exchange	L453	SM	769900	Supv Strct Engineering	L453	SM
760300	Supv Electrical &Mech Eng	L453	SM	443400	Supv System Service Mtce	L453	SM
872000	Supv Electrical Mtce	STW	SM	770200	Supv Training -Heavy Rail	L453	SOC
435800	Supv Equip & Yard Serv	L453	SM	770500	Supv Trans - Bus	L453	SOC
776100	Supv Equip Engineering	L453	SM	775600	Supv Trans - Subway	L453	SOC
430000	Supv Equipment Eng & QA	L453	SM	759500	Supv Trans/Construction	L453	SMC
760600	Supv Everett Shops	L453	SM	444000	Supv Transm & Dist Const	L453	SM
437500	Supv Loco Reliability & Perf	L453	SM	777700	Supv Transm & Dist Eng	L453	SM
761200	Supv Machine Shop	L453	SM	777800	Supv Transm & Dist Ops	L453	SM
437800	Supv Maintenance Of Way	L453	SML	778000	Supv Transm&Dist Eng&Sfty	L453	SM
872600	Supv Mech Mtce & Envir Serv	STW	SM	778200	Supv Utility Coord & Const	L453	SM
438000	Supv Mech Training Compliance	L453	SM	769400	Supv Warrnty Srv&Spec Prj	L453	SM
761500	Supv Mechanical - Bus	L453	SO	452800	Supv,Asst Distr - LR	L453	SM
761800	Supv Mtce - Bus	L453	SM	453200	Supv,Asst Distr - RTL	L453	SM
763300	Supv Mtce - Rapid Transit	L453	SM	092700	Technician, Comm Radio	BCT	MC
437700	Supv Mtce Control Center	L453	SM	024400	Technician, Power Equip	L104	M
763500	Supv Night Cleaning	L453	SM	085200	Towerperson	L589	C
294100	Supv Night/Weekend Ops-SL	EXE	SOC	545400	Trackmaster Nights	L453	SM
292400	Supv NightWeekend Ops-Bus	EXE	SOC	052600	Trackperson	L589	M
292300	Supv Nightweekend Ops-RTL	EXE	SOC	052500	Trackperson A	L589	M
873200	Supv Ops Control Center	STW	SC	087700	Transitperson	L105	M
765400	Supv PCC Rebuild	L453	SM	004300	Welder, Blacksmith	L651	M
765700	Supv Power Gener & Equip	L453	SM	095000	Wireperson	BCT	M
766000	Supv Power Sys/Equip Eng	L453	SM	097000	Wireperson, SPP	UNA	M
766300	Supv Power Sys/Equipment	L453	SM	020600	Worker,1st CI Electrical	L717	M
875500	Supv Pwr Cntrl&Trc Substa	STW	SM	020700	Worker,2nd CI Electrical	L717	M
767200	Supv Pwr Gener & Unit Sub	L453	SM	058600	Worker, Sheet Metal	BCT	M
440000	Supv Quality Assurance	L453	SM	096400	Worker, SPP Sheet Metal	UNA	M

Appendix D
Designated Service Providers for Drug and Alcohol Testing Conducted Under the Terms of this Policy

Management Responsibilities

Designated Employer Representative (DER)
Kate LeGrow
Director of Occupational Health Services
MBTA Occupational Health Services
10 Park Plaza, 7th Floor
Boston, MA 02116
617-222-5858

Drug Testing Laboratory

Quest Diagnostics Network
400 Egypt Road
Norristown, PA 19403

Medical Review Officer

Medical Director
Matthew Weintraub, M.D.
MBTA OHS Medical Clinic
10 Park Plaza, Rm. 7610
Boston, MA 02116
617-222-5858

Substance Abuse Professionals

Sandra D. Sullivan, M Ed, LADC1, CEAP
Employee Assistance Program
10 Park Plaza, Rm. 7610
Boston, MA 02116
617-222-5381

Debra Schrafft, MSW, LICSW, MAC
Employee Assistance Program
10 Park Plaza, Rm. 7610
Boston, MA 02116
617-222-5381

Employee Assistance Program

Employee Assistance Program
10 Park Plaza, Rm. 7610
Boston, MA 02116
617-222-5381

APPENDIX E

Department of Transportation Prohibited Drugs and Testing Cutoff Levels

Initial Test Analyte	Initial test cutoff ¹	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites (THCA) ²	50 ng/mL ³	THCA	15 ng/mL.
Cocaine metabolites (Benzoylecgonine)	150 ng/mL	Benzoylecgonine	100 ng/mL.
Codeine/ Morphine	2000ng/ml	Codeine Morphine	2000 ng/mL 2000 ng/mL
Hydrocodone/ Hydromorphone	300 ng/mL	Hydrocodone Hydromorphone	100 ng/mL. 100 ng/mL.
Oxycodone/ Oxymorphone	100 ng/mL	Oxycodone Oxymorphone	100 ng/mL. 100 ng/mL.
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamines ³	500 ng/mL	Amphetamine	250 ng/mL.
Methamphetamines ⁵ / MDMA ⁴ / MDA ⁵	500 ng/mL	MDMA MDA	250 ng/mL. 250 ng/mL.

- 1 For grouped analytes (i.e., two or more analytes that are in the same drug class and have the same initial test cutoff):
Immunoassay: The test must be calibrated with one analyte from the group identified as the target analyte. The cross-reactivity of the immunoassay to the other analyte(s) within the group must be 80 percent or greater; if not, separate immunoassays must be used for the analytes within the group.
Alternate technology: Either one analyte or all analytes from the group must be used for calibration, depending on the technology. At least one analyte within the group must have a concentration equal to or greater than the initial test cutoff or, alternatively, the sum of the analytes present (i.e., equal to or greater than the laboratory's validated limit of quantification) must be equal to or greater than the initial test cutoff.
- 2 An immunoassay must be calibrated with the target analyte, D-9-tetrahydrocannabinol-9-carboxylic acid (THCA).
- 3 Alternate technology (THCA and Benzoylecgonine): When using an alternate technology initial test for the specific target analytes of THCA and Benzoylecgonine, the laboratory must use the same cutoff for the initial and confirmatory tests (i.e., 15 ng/mL for THCA and 100ng/mL for Benzoylecgonine).
- 4 Methylenedioxymethamphetamine (MDMA).
- 5 Methylenedioxyamphetamine (MDA).

APPENDIX F

MBTA Prohibited Drugs and Testing Cutoff Levels

Initial Test Analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA ₁	15 ng/mL.
Cocaine metabolites	150 ng/mL	Benzoyllecgonine	100 ng/mL.
Codeine/	2000ng/ml	Codeine	2000 ng/mL
Morphine		Morphine	2000 ng/mL
Hydrocodone/	300 ng/mL	Hydrocodone	100 ng/mL.
Hydromorphone		Hydromorphone	100 ng/mL.
Oxycodone/	100 ng/mL	Oxycodone	100 ng/mL.
Oxymorphone		Oxymorphone	100 ng/mL.
6–Acetylmorphine	10 ng/mL	6–Acetylmorphine	10 ng/mL
Buprenorphine and or Metab	5ng/mL		
Amphetamines ₃	500 ng/mL	Amphetamine	250 ng/mL.
Methamphetamines ₅ /		MDMA	250 ng/mL.
MDMA ₄ / MDA ₅	500 ng/mL	MDA	250 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Methadone	300 ng/mL		200 ng/mL
Methaqualone	300 ng/mL		200 ng/mL
Propoxyphene	300 ng/mL		200 ng/mL
Barbiturates	300 ng/mL		200 ng/mL
Benzodiazepines	300 ng/mL		200 ng/mL

- 1 For grouped analytes (i.e., two or more analytes that are in the same drug class and have the same initial test cutoff):
Immunoassay: The test must be calibrated with one analyte from the group identified as the target analyte. The cross-reactivity of the immunoassay to the other analyte(s) within the group must be 80 percent or greater; if not, separate immunoassays must be used for the analytes within the group.
Alternate technology: Either one analyte or all analytes from the group must be used for calibration, depending on the technology. At least one analyte within the group must have a concentration equal to or greater than the initial test cutoff or, alternatively, the sum of the analytes present (i.e., equal to or greater than the laboratory's validated limit of quantification) must be equal to or greater than the initial test cutoff.
- 2 An immunoassay must be calibrated with the target analyte, D-9-tetrahydrocannabinol-9-carboxylic acid (THCA).
- 3 Alternate technology (THCA and Benzoyllecgonine): When using an alternate technology initial test for the specific target analytes of THCA and Benzoyllecgonine, the laboratory must use the same cutoff for the initial and confirmatory tests (i.e., 15 ng/mL for THCA and 100ng/mL for Benzoyllecgonine).
- 4 Methylenedioxymethamphetamine (MDMA).
- 5 Methylenedioxyamphetamine (MDA).

APPENDIX G
DOT's Direct Observation Procedures
Office of Drug and Alcohol Policy and Compliance
U.S. Department of Transportation

1. DOT's 49 CFR Part 40 directly observed collections are authorized and required only when:
 - The employee attempts to tamper with his or her specimen at the collection site:
 - The specimen temperature is outside the acceptable range;
 - The specimen shows signs of tampering - unusual color/odor/characteristic; or
 - The collector finds an item in the employee's pockets or wallet, which appears to be brought into the site to contaminate a specimen; or the collector notes conduct suggesting tampering.
 - The Medical Review Officer (MRO) orders the direct observation because:
 - The employee has no legitimate medical reason for certain atypical laboratory results; or
 - The employee's positive or refusal (adulterated/substituted) test result had to be canceled because the split specimen test could not be performed (for example, the split was not collected).
 - The test is a Follow-Up test or a Return-to-Duty test.
 2. The observer must be the same gender as the employee.
 3. If the collector is not the observer, the collector must instruct the observer about the procedures for checking the employee for prosthetic or other devices designed to carry "clean" urine and urine substitutes AND for watching the employee urinate into the collection container.
 - The observer requests the employee to raise his or her shirt, blouse or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have such a device.
 - If The Employee Has A Device: The observer immediately notifies the collector; the collector stops the collection; and the collector thoroughly documents the circumstances surrounding the event in the remarks section of the CCF. The collector notifies the DER/DAPM. This is a refusal to test.
 - If The Employee Does Not Have A Device: The employee is permitted to return clothing to its proper position for the observed collection. The observer must watch the urine go from the employee's body into the collection container. The observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.
 4. Failure of the employee to permit any part of the direct observation procedure is a refusal to test.
-

APPENDIX H

Alcohol Dependency and Alcohol Abuse

Alcohol abuse is a disease that is characterized by the sufferer having a pattern of drinking excessively despite the negative effects of alcohol on the individual's work, medical, legal, educational, and/or social life.

Alcohol abuse affects about 10% of women and 20% of men in the United States, most beginning by their mid-teens.

Signs of alcohol intoxication include the smell of alcohol on the breath or skin, glazed or bloodshot eyes, the person being unusually passive or argumentative, and/or deterioration in the person's appearance or hygiene.

Almost 2,000 people under 21 years of age die each year in car crashes in which underage drinking is involved. Alcohol is involved in nearly half of all violent deaths involving teens.

Alcoholism is a destructive pattern of alcohol use that includes a number of symptoms, including tolerance to or withdrawal from the substance, using more alcohol and/or for a longer time than planned, and trouble reducing its use.

Alcohol, especially when consumed in excess, can affect teens, women, men, and the elderly quite differently.

Risk factors for developing a drinking problem include low self-esteem, depression, anxiety or another mood problem, as well as having parents and/or family members with alcoholism.

Alcohol dependence has no one single cause and is not directly passed from one generation to another genetically. Rather, it is the result of a complex group of genetic, psychological, and environmental factors.

There is no one test that definitively indicates that someone has an alcohol-use disorder. Therefore, health-care practitioners diagnose this disorder by gathering comprehensive medical, family, and mental-health information.

There are thought to be **five stages of alcoholism**:

- The **first stage** is described as having access to alcohol rather than use of alcohol. In that stage, minimizing the risk factors that make a person more vulnerable to using alcohol are an issue.
- The **second stage** of alcohol use ranges from experimentation or occasional use to regular weekly use of alcohol. This or any of the higher stages of alcoholism may involve binge drinking.
- The **third stage** is characterized by individuals further increasing the frequency of alcohol use and/or using the substance on a regular basis. This stage may also include either buying or stealing to get alcohol.
- The **fourth stage** of alcohol use, users have established regular alcohol consumption, have become preoccupied with getting intoxicated ("high") and have developed problems in their social, educational, vocational, or family life as a result of using the substance.
- The final and most serious **fifth stage** of alcohol use is defined by the person only feeling normal when they are using alcohol. During this stage, risk-taking behaviors like stealing, engaging in physical fights or increased incidents of driving while intoxicated, and they become most vulnerable to having suicidal thoughts.

There are numerous individual treatments for alcoholism, including individual and group counseling, support groups, residential treatment, medications, drug testing, and/or relapse-prevention programs.

Some signs of a drinking problem include drinking alone, to escape problems, or for the sole purpose of getting drunk; hiding alcohol in odd places; getting irritated when you are unable to obtain alcohol to drink; and having problems because of your drinking.

APPENDIX H

Alcohol Dependency and Alcohol Abuse (continued)

While some people with alcohol dependence can cut back or stop drinking without help, most are only able to do so temporarily unless they get treatment.

There is no amount of alcohol intake that has been proven to be generally safe during pregnancy.

The long-term effects of alcohol abuse and alcoholism can be devastating and even life threatening, negatively affecting virtually every organ system.

Codependency is the tendency to interact with another person in an excessively passive or caretaking manner that negatively affects the quality of the codependent individual's life.

Adequate supervision and clear communication by parents about the negative effects of alcohol and about parental expectations regarding alcohol and other drug use can significantly decrease alcohol use in teens.

With treatment, about 70% of people with alcoholism are able to decrease the number of days they consume alcohol and improve their overall health status within six months.

For more Information please contact:

MBTA Employee Assistance Program 10 Park Plaza, Rm. 7610 Boston, MA 02116 617-222-5381	Commonwealth of Massachusetts Group Insurance Commission Beacon Health Strategies 855-750-8980 (TDD: 866-727-9441)
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APPENDIX I

Substance Abuse Overview

People abuse substances such as alcohol, tobacco, and other drugs for varied and complicated reasons, but it is clear that our society pays a significant cost. The toll for this abuse can be seen in our hospitals and emergency rooms both through direct damage to health by substance abuse and its link to physical trauma. Jails and prisons tally daily the strong connection between crime and drug dependence and abuse. Although use of some drugs such as cocaine has declined in recent years, use of other drugs such as heroin/opioids and "club drugs" has increased.

Finding effective treatment for, and prevention of, substance abuse has been difficult. Through research, we now have a better understanding of this behavior. Studies have made it clear that drug education and prevention aimed at children and adolescents offers the best chance to curb abuse nationally.

The 2010 National Household Survey on Drug Abuse estimated the number of users of illicit drugs in the United States to be over 22 million. Other statistics from the survey include that nearly 7% of Americans over 12 years of age are binge drinkers and almost 70 million of Americans smoke cigarettes. Other research shows that about 22 million people over 12 years of age in the United States have abused inhalants and three-quarters of a million use inhalants for the first time each year.

Abused substances produce some form of intoxication that alters judgment, perception, attention, mood or physical control.

Many substances can bring on withdrawal effects caused by cessation or reduction in the amount of the substance used. Withdrawal can range from mild anxiety and physical discomfort to seizures and hallucinations. Drug overdose may also cause death.

Commonly Abused Drugs

Nearly all these drugs also can produce a phenomenon known as tolerance, in which one must use a larger amount of the drug to produce the same level of intoxication. Commonly abused drugs include the following:

Amphetamines

Stimulants that affect the central nervous system by increasing alertness and relieving fatigue. Amphetamines ingested orally, injected or smoked, are often used to counteract the "down" feeling of tranquilizers or alcohol. Street names include: "speed", "meth", "crystal", "crank", and "ice". Amphetamine use can cause increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, and loss of appetite. Amphetamine abuse may result in agitation, increased body temperature, hallucinations, convulsions and possible death. Some examples of amphetamines are Benzedrine, Dexedrine, and Methedrine.

Anabolic Steroids

This group of drugs includes testosterone, which is the natural male hormone. It also includes a number of other synthetic forms of testosterone. Steroids are often abused by bodybuilders or other athletes to increase muscle mass or improve performance.

These types of substances seem to be associated with a number of mental health effects, like dependence on the substance, aggression, mood problems, and developing other kinds of drug abuse.

Barbiturates

Depressants that affect the central nervous system by relieving anxiety, irritability, and tension. Some examples of barbiturates are seconal, nembutal, phenobarbital, and methaqualone (also known as "ludes"). Some street names are 'barbs', 'downers', and 'goofballs'. Barbiturates are swallowed as a tablet/capsule or in a liquid solution (white, water-soluble, bitter tasting powder); inserted as a rectal suppository; injected into the bloodstream ("mainlined") or under the skin ("skin popping"). Barbiturate use may result in sensory alteration, anxiety reduction, and intoxication. Small amounts of barbiturates may cause calmness and relaxed muscles, larger doses may cause slurred speech, impaired judgment, and loss of motor coordination. Abuse of barbiturates may cause respiratory depression, clammy skin, dilated pupils, weak and rapid pulse, coma and death.

APPENDIX I

Substance Abuse Overview (continued)

Benzodiazepines

Depressants that are used therapeutically as sedatives, to relieve anxiety and muscle spasms, and to prevent seizures. Some examples are Xanax, Librium, Valium, Ativan, Halcion, and Klonopin. Abuse of benzodiazepines produce a hypnotic, intoxicated state resulting in reduced inhibition and impaired judgment. Concurrent use of benzodiazepines and alcohol or other depressants can be life threatening.

Club Drugs

The club scene and rave parties have popularized an assortment of other drugs. Many young people believe these drugs are harmless or even healthy. The following are the most popular club drugs:

- **Ecstasy** (also called MDMA, Adam, the love drug and STP): This is a stimulant and hallucinogen used to improve mood and to maintain energy, often for all-night dance parties. Long-term use may cause damage to the brain's ability to regulate sleep, pain, memory, and emotions.
- **GHB** (also called Liquid XTC, G, and blue nitro): Once sold at health-food stores, GHB's effects are related to dose. Effects range from mild relaxation to coma or death. GHB is often used as a date-rape drug because it is tasteless, colorless, and acts as a powerful sedative.
- **Rohypnol** (also called roofies, roche): This is another sedative that has been used as a date-rape drug. Effects include low blood pressure, dizziness, abdominal cramps, confusion, and impaired memory.
- **Ketamine** (also called Special K, K): This is an anesthetic that can be taken orally or injected. Ketamine (Ketalar) can impair memory and attention. Higher doses can cause amnesia, paranoia and hallucinations, depression, and difficulty breathing.

Cocaine (also known as crack, coke, snow, blow, rock)

Cocaine is a powerful stimulant that directly affects the brain. Cocaine is extracted from the leaves of the cocoa plant. Illicit cocaine is usually distributed as (1) a white crystalline powder that is often diluted with a variety of substances such as lactose, marmitol and lidocaine; or (2) an off-white chunky material, smokable cocaine or "crack" cocaine. Cocaine powder is generally smoked or taken intranasal or intravenously. Paraphernalia associated with cocaine powder include a piece of smooth metal or a mirror, a straw, half straw or rolled bills and a razorblade.

Short-term effects also include paranoia, constriction of blood vessels leading to heart damage or stroke, irregular heartbeat, and death. Withdrawal produces severe depression, anxiety and reduced energy as well as an overwhelming urge to "do more" cocaine/crack. Both short- and long-term use of cocaine have been associated with damage to the heart, the brain, the lung, and the kidneys.

In 2010, an estimated 1.5 million people over 12 years of age abused cocaine in the United States.

Heroin (also known as smack, horse)

A 2010 National Household Survey on Drug Abuse indicated that the average age when Americans use this drug for the first time is about 21 years of age, including 140,000 who reported using it for the first time in the year prior to the time the survey was taken.

Effects of heroin intoxication include drowsiness, pleasure, and slowed breathing. Withdrawal can be intense and can include vomiting, abdominal cramps, diarrhea, confusion, aches, and sweating.

Overdose may result in death from decreased breathing. Because heroin is usually injected, often with dirty needles, use of the drug can trigger other health complications including destruction of your heart valves, HIV/AIDS, infections, tetanus, and botulism.

Inhalants

This group of substances includes solvents that emit vapors, causing intoxication when breathed in (inhaled). Individuals who abuse inhalants intentionally breathe in the vapors, either directly from a container, from a bag in which such a substance is in, or from a rag soaked with the substance and then placed over the mouth or nose. Inhalant intoxication happens quickly and doesn't last long.

APPENDIX I

Substance Abuse Overview (continued)

Abuse of inhalants is also called "huffing." Approximately 58% of inhalant users report first use by the end of ninth grade. Teens that started using inhalants before 15 years of age were up to six times more likely as those who had started later to develop dependence on these substances.

Symptoms of inhalant intoxication are very similar to those seen with intoxication with alcohol, including dizziness, clumsiness, slurred speech, elation, tiredness, slowed reflexes, thinking and movement, shaking, blurred vision, stupor or coma, and/or weakness. It can also result in chemical and temperature burns, as well as withdrawal symptoms, chronic mental illness, and even sudden death.

Long-term damage associated with inhalant use includes brain and nerve damage as well as heart, liver, or kidney failure.

Lysergic Acid Diethylamide LSD

Popular in the 1960s, LSD has been revived in the club scene. LSD and hallucinogenic mushrooms can cause hallucinations, numbness, nausea, vomiting, dilated pupils, skin discoloration, loss of coordination, false sense of power, euphoria, distortion of time and space, hallucinations, confusion, paranoia, loss of control, anxiety, panic, helplessness, self destructive behavior and increased heart rate. Long-term effects include unwanted "flashbacks" and psychosis (hallucinations, delusions, paranoia, and mood disturbances).

Marijuana (also known as grass, pot, weed, herb)

Marijuana, which comes from the plant *Cannabis sativa*, is the most commonly used illegal drug in the United States. The active ingredient in the plant, delta-9-tetrahydrocannabinol (THC), is associated with intoxication. Marijuana resin, called hashish, contains an even higher concentration of THC.

The drug is usually smoked, but it can also be eaten. Its smoke irritates your lungs more and contains more cancer-causing chemicals than tobacco smoke. Common effects of marijuana use include pleasure, relaxation, as well as impaired coordination and memory.

Methamphetamines (also known as meth, crank, ice, speed, crystal)

Use of this drug also has increased, especially in the West. Methamphetamine is a powerful stimulant that increases alertness, decreases appetite, and gives a sensation of pleasure.

The drug can be injected, snorted, smoked, or eaten. It shares many of the same toxic effects as cocaine -- heart attacks, dangerously high blood pressure, and stroke.

Withdrawal often causes depression, abdominal cramps, and increased appetite. Other long-term effects include paranoia, hallucinations, weight loss, destruction of teeth, and heart damage.

Methadone

A narcotic that was synthesized during World War II to replace a shortage of morphine. Methadone is chemically unlike morphine, but produces many of the same effects and those effects are longer lasting than those of morphine. Methadone is taken orally or injected and may cause drowsiness, respiratory depression, constricted pupils, nausea, slow/shallow breathing, clammy skin, convulsions, coma and possible death. Methadone is used as an analgesic for terminally ill patients and for the treatment of substance dependence. Methadone is highly addictive. Withdrawal is typically very uncomfortable and can last for weeks.

Phencyclidine (PCP)

A hallucinogen that alters human perception and mood. PCP is illicitly marketed as "Angel Dust", "Supergrass", "Killer Weed", "Embalming Fluid", "Rocket Fuel" and other names, which reflect the range of its bizarre and volatile effects. PCP is sold as tablets, capsules and colored powders that are usually taken orally, snorted or applied to leafy materials such as parsley, oregano or marijuana and then smoked. Pure PCP is a white crystalline that can be dissolved in water, however most PCP sold on the illicit market contains contaminants that cause the color to range from tan to brown and the

APPENDIX I

Substance Abuse Overview (continued)

consistency from powder to a gummy mass. The drug's effects are as varied as its appearance and range from feelings of detachment and distance, numbness, slurred speech, loss of coordination, a sense of strength or invulnerability; to a blank stare, rapid movements, severe mood disorders, image distortion, acute anxiety, hallucinations, paranoia, violent hostility and a psychoses indistinguishable from schizophrenia. PCP use may also cause seizures, catatonia, coma and death.

Users sometimes exhibit violent or bizarre behavior including paranoia, fearfulness, anxiety, aggressive or withdrawn, skin flushing, sweating, dizziness, total numbness, and impaired perceptions. Suicide has often occurred while under the influence.

Propoxyphene

A synthetic narcotic which is produced entirely in the laboratory. Abuse of Propoxyphene alone, or in combination with other drugs, may cause weakness, difficulty breathing, confusion, anxiety, severe drowsiness and dizziness, unconsciousness and death. This substance has no accepted medical use in the United States.

Substance Abuse Symptoms and Signs

Friends and family may be among the first to recognize the signs of substance abuse. Early recognition increases chances for successful treatment. Signs to watch for include the following:

- Giving up past activities such as sports, homework, or hanging out with new friends
- Declining grades
- Aggressiveness and irritability
- Significant change in mood or behavior
- Forgetfulness
- Disappearing money or valuables
- Feeling rundown, hopeless, depressed, or even suicidal
- Sounding selfish and not caring about others
- Use of room deodorizers and incense
- Paraphernalia such as baggies, small boxes, pipes, and rolling paper
- Physical problems with unclear cause (for example, red eyes and slurred speech)
- Getting drunk or high on drugs on a regular basis
- Lying, particularly about how much alcohol or other drugs he or she is using
- Avoiding friends or family in order to get drunk or high
- Planning drinking in advance, hiding alcohol, and drinking or using other drugs alone
- Having to drink more to get the same high
- Believing that in order to have fun you need to drink or use other drugs
- Frequent hangovers
- Pressuring others to drink or use other drugs
- Taking risks, including sexual risks
- Having "blackouts," forgetting what he or she did the while intoxicated
- Constantly talking about drinking or using other drugs
- Getting in trouble with the law
- Drinking and driving
- Suspension or other problems at school or in the workplace for an alcohol- or drug-related incident.
- Withdrawing from conversations with family to avoid confrontation.

For more Information, please contact:

MBTA Employee Assistance Program
10 Park Plaza, Rm. 7610
Boston, MA 02116
617-222-5381

Commonwealth of Massachusetts
Group Insurance Commission
United Behavioral Health
888-610-9039

APPENDIX J
Medical Marijuana
DOT OFFICE OF DRUG AND ALCOHOL POLICY AND COMPLIANCE NOTICE



United States
Department of Transportation

Recently, the Department of Justice (DOJ) issued guidelines for Federal prosecutors in states that have enacted laws authorizing the use of “medical marijuana.”

<http://www.justice.gov/opa/documents/medical-marijuana.pdf>.

We have had several inquiries about whether the DOJ advice to Federal prosecutors regarding pursuing criminal cases will have an impact upon the Department of Transportation’s longstanding regulation about the use of marijuana by safety-sensitive transportation employees – pilots, school bus drivers, truck drivers, train engineers, subway operators, aircraft maintenance personnel, transit fire-armed security personnel, ship captains, and pipeline emergency response personnel, among others.

We want to make it perfectly clear that the DOJ guidelines will have no bearing on the Department of Transportation’s regulated drug testing program. We will not change our regulated drug testing program based upon these guidelines to Federal prosecutors.

The Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40, at 40.151(e) – does not authorize “medical marijuana” under a state law to be a valid medical explanation for a transportation employee’s positive drug test result.

That section states:

§ 40.151 What are MROs prohibited from doing as part of the verification process?

As an MRO, you are prohibited from doing the following as part of the verification process:

(e) You must not verify a test negative based on information that a physician recommended that the employee use a drug listed in Schedule I of the Controlled Substances Act. (e.g., under a state law that purports to authorize such recommendations, such as the “medical marijuana” laws that some states have adopted.)

Therefore, Medical Review Officers will not verify a drug test as negative based upon information that a physician recommended that the employee use “medical marijuana.” Please note that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation’s drug testing regulations to use marijuana.

We want to assure the traveling public that our transportation system is the safest it can possibly be.

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